Personal Meal Plan

Meal Plan For: _____ Phone: _____ Carbohydrate – number of grams: _____

Date: _____ Total Calories: _____ Number of carbohydrate choices: _____

Registered Dietitian: _____ Protein (ounces): _____

Fat (grams): _____

With your RD, fill in your personal meal plan below with the number of grams of carbohydrate and/or number of carbohydrate choices for each meal and snack (if needed).

	Breakfast (Time:_____)	Snack (Time:_____)	Lunch (Time:_____)	Snack (Time:_____)	Dinner (Time:_____)	Snack (Time:_____)
Carbohydrates						
Starch						
Fruits						
Milk						
Sweets, Desserts & Other Carbohydrates						
Nonstarchy Vegetables						
Meat & Meat Substitutes						
Fats						
Others						
Free Foods						
Menu Ideas						