Clinical Nutrition Department

NAME:		MY MEAL PLAN					
DIET:							
DIET PRESCRIPTION:Calories			gCHO,		gCHON,	gFATS	
FOOD ITEM	TOTAL SERVINGS FOR THE DAY	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	MIDNIGHT SNACK
RICE/ Bread							
MEAT							
VEGETABLE							
FRUIT							
MILK							
FAT							
					DIFTIT	ΊΔΝ·	

DIET PRESCRIPTION PLAN

TIPS AND REMINDER:

- You can shift exchanges to other mealtimes, except rice and fruit.
- 2. Drink water as beverage in each meal. Avoid soft drinks, sweetened juices.
- 3. Remember the **3 B's** boil, broil, bake plus steam and microwave.
- 4. Fruits should be eaten WITH meals. Do not eat as snack.
- 5. Limit simple sugars (candy, cakes, ice cream). You may use artificial sweetener (Splenda).
- 6. Limit frying to 2x a week. Use vegetable oil in sautéing vegetables.
- 7. Use monounsaturated oils (canola, olive oil) or MCTs (coconut oil) in cooking rather than butter, margarine and other polyunsaturated vegetable oils.
- 8. Limit salt in foods like bagoong, patis, toyo, ketchup. You may use spices like oregano, basil, lemongrass, onions, garlic, ginger, and vinegar.
- 9. Choose lean meats, remove visible fat and skin; more fish than red meats
- 10. Eat like a king at breakfast, a prince at lunch, a pauper at dinner!
- 11. Keep a daily record of food intake and exercise activities. This will help monitor your progress and allow us to set new goals.

Age:		
Height:	_ Weight:	kg
BMI:		
DBW:	_	
Nutritional Status	s:	
Target Body Wei	ght:	
(less than 5-10%	of Initial hody	weight)



For more information, please call:

Clinical Nutrition Department

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043-7736800 At local no. 5002 J.P. Laurel Highway, Lipa City, 4217, Batangas



Clinical Nutrition

My Meal Plan

Name of Patient
 Room Number
 Diet
 Dietitian