

Balanced Diet Chart

Patient Information

Name: _____

Age: _____

Gender: _____

Medical History

Dietary Goals

- Blood Sugar Control
- Blood Pressure Regulation
- Overall Health Promotion

Nutritional Requirements

1. Caloric Intake

- Goal: _____

2. Macronutrient Distribution

- Carbohydrates: _____
- Proteins: _____
- Fats: _____
 - Saturated Fats: _____
 - Unsaturated Fats: _____

3. Fiber Intake

- Goal: _____
- Sources: _____

4. Micronutrient Emphasis:

Meal Planning

Breakfast

Lunch

Dinner

Snacks

Food Preferences

- Vegetarian
- Non-vegetarian
- Food Allergies/Intolerances: _____

Hydration:

Additional Recommendations

- Regular Physical Activity: _____
- Stress Management Techniques: _____
- Regular Monitoring of Blood Sugar/Blood Pressure

Follow-up Schedule

- Initial Follow-up: _____
- Subsequent Follow-ups: _____

Notes