

# Clean Eating Meal Plan

## Personal information

Name:

Age:

Height:

Weight:

Goals:

## Week 1

| Day | Breakfast | Lunch | Dinner | Snack | Notes |
|-----|-----------|-------|--------|-------|-------|
| 1   |           |       |        |       |       |
| 2   |           |       |        |       |       |
| 3   |           |       |        |       |       |
| 4   |           |       |        |       |       |
| 5   |           |       |        |       |       |
| 6   |           |       |        |       |       |
| 7   |           |       |        |       |       |

**Week 2**

| <b>Day</b> | <b>Breakfast</b> | <b>Lunch</b> | <b>Dinner</b> | <b>Snack</b> | <b>Notes</b> |
|------------|------------------|--------------|---------------|--------------|--------------|
| 1          |                  |              |               |              |              |
| 2          |                  |              |               |              |              |
| 3          |                  |              |               |              |              |
| 4          |                  |              |               |              |              |
| 5          |                  |              |               |              |              |
| 6          |                  |              |               |              |              |
| 7          |                  |              |               |              |              |

**Week 3**

| <b>Day</b> | <b>Breakfast</b> | <b>Lunch</b> | <b>Dinner</b> | <b>Snack</b> | <b>Notes</b> |
|------------|------------------|--------------|---------------|--------------|--------------|
| 1          |                  |              |               |              |              |
| 2          |                  |              |               |              |              |
| 3          |                  |              |               |              |              |

**Week 3**

| <b>Day</b> | <b>Breakfast</b> | <b>Lunch</b> | <b>Dinner</b> | <b>Snack</b> | <b>Notes</b> |
|------------|------------------|--------------|---------------|--------------|--------------|
| 4          |                  |              |               |              |              |
| 5          |                  |              |               |              |              |
| 6          |                  |              |               |              |              |
| 7          |                  |              |               |              |              |

**Week 4**

| <b>Day</b> | <b>Breakfast</b> | <b>Lunch</b> | <b>Dinner</b> | <b>Snack</b> | <b>Notes</b> |
|------------|------------------|--------------|---------------|--------------|--------------|
| 1          |                  |              |               |              |              |
| 2          |                  |              |               |              |              |
| 3          |                  |              |               |              |              |
| 4          |                  |              |               |              |              |

**Week 4**

| Day | Breakfast | Lunch | Dinner | Snack | Notes |
|-----|-----------|-------|--------|-------|-------|
| 5   |           |       |        |       |       |
| 6   |           |       |        |       |       |
| 7   |           |       |        |       |       |

**Sample meal plan**

| Meal      | Food item (Examples)  |
|-----------|---|
| Breakfast | Overnight oats with almond milk, chia seeds, and fresh berries. |
| Lunch     | Grilled chicken salad with mixed greens, quinoa, and avocado.   |
| Dinner    | Baked salmon, roasted sweet potatoes, and steamed broccoli.     |
| Snacks    | Hummus with carrot and cucumber sticks or a handful of almonds. |
| Notes     | Feeling more energized  |

**Additional notes**

**Healthcare professional's information**

|                 |                 |
|-----------------|-----------------|
| Name:           | License number: |
| Contact number: | Signature:      |