

# DASH Diet Plan

Patient information				
Patient name:			Date of birth:	
Gender:    Male    Female    Other:			Age:	
Referring physician:				
Best to eat		Best to limit		
<ul style="list-style-type: none"> <li>• Vegetables</li> <li>• Fruits</li> <li>• Whole grains</li> <li>• Fat-free or low-fat dairy</li> <li>• Fish</li> <li>• Poultry</li> <li>• Beans</li> <li>• Nuts and seeds</li> <li>• Vegetable oils</li> </ul>		<ul style="list-style-type: none"> <li>• Fatty meats</li> <li>• Full-fat dairy</li> <li>• Sugar-sweetened beverages</li> <li>• Sweets</li> <li>• Sodium intake</li> </ul>		
Tip				
Choose foods that are: <ul style="list-style-type: none"> <li>• Low in sodium and saturated and trans fats</li> <li>• Rich in potassium, calcium, magnesium, fiber, and protein</li> </ul>				
Date	Breakfast	Lunch	Dinner	Snacks (within the day)
Day 1:				
Day 2:				
Day 3:				

Date	Breakfast	Lunch	Dinner	Snacks (within the day)
Day 4:				
Day 5:				
Day 6:				
Day 7:				

**Additional notes**