DASH Diet Plan

| Patient information | | | | | | | | | |
|--|-----------|---|--|--------|-------------------------|--|--|--|--|
| Patient name: | | Date of birth: | | | | | | | |
| Gender: Male | Female | Other: | | Age: | | | | | |
| Referring physician: | | | | | | | | | |
| Best to eat | | Best to limit | | | | | | | |
| Vegetables Fruits Whole grains Fat-free or low-fation Fish Poultry Beans Nuts and seeds Vegetable oils | | Fatty meats Full-fat dairy Sugar-sweetened beverages Sweets Sodium intake | | | | | | | |
| Тір | | | | | | | | | |
| Choose foods that are: Low in sodium and saturated and trans fats Rich in potassium, calcium, magnesium, fiber, and protein | | | | | | | | | |
| Date | Breakfast | Lunch | | Dinner | Snacks (within the day) | | | | |
| Day 1: | | | | | | | | | |
| Day 2: | | | | | | | | | |
| Day 3: | | | | | | | | | |

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