

Name: _____ Week #: _____

Meal (Time)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast (:)							
Morning Snack (:)							
Lunch (:)							
Afternoon Snack (:)							
Dinner (:)							
Evening Snack (:)							
Water Intake	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□
Exercise Activity/ # of Steps (include time)							
Blood Glucose readings/average							

*For patients on meal plans please use specific descriptions AND portion sizes for food (i.e. 1/2 cup peas, 4 oz white skinless turkey, 1 Tbsp light salad dressing, 8 oz skim milk)
 1) To help facilitate weight loss, water intake is very important. Drinking EIGHT 8-oz glasses of water/day is required, more is encouraged. Please check off these boxes on chart.
 2) Write in the description of exercise including duration, intensity and activity. (i.e. walked 20 minutes at a slow/moderate pace for 5 blocks or 1/2 mile or 1,000 steps)
NOTE: Do not skip meal replacements, as this will rob you of vital nutrition that your body needs daily. Skipping the shakes will not help you lose weight faster! The meal plans and products have been designed for safe, effective weight loss. Remember that the program works if we work it together. If you feel it is not working, we will individualize it together.