



Sample Menu

Breakfast/Time:

Snack/Time:

Lunch/Time:

Snack/Time:

Dinner/Time:

Snack/Time:

Exercise Recommendations:

Vitamin/Supplement
Recommendations:

Goal(s) for the Week

- 1) _____

- 2) _____

- 3) _____

Shopping List

Shopping Location(s)

Don't forget your next appointment is _____

Week _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast Time							
Snack Time							
Lunch Time							
Snack Time							
Dinner Time							
Snack Time							
Exercise							
Water							
Dirty Deeds							