MY MEAL PLAN

Plan for: _____ Registered Dietitian: _____ Phone: _____

Date: _____ Calories: _____ Carbohydrates: _____ Protein: _____ Fat: _____

TIME	Meal Plan # of Portions/Food Group	EXAMPLES	EXAMPLES
Breakfast	_____ Starch _____ Milk _____ Fruit _____ Vegetables _____ Protein _____ Fat		
Snack	_____ _____ _____ _____ _____ _____		
Lunch	_____ Starch _____ Milk _____ Fruit _____ Vegetables _____ Protein _____ Fat		
Snack	_____ _____ _____ _____ _____ _____		
Dinner	_____ Starch _____ Milk _____ Fruit _____ Vegetables _____ Protein _____ Fat		
Snack	_____ _____ _____ _____ _____ _____		

Success

A Regional Perinatal System Program, Supported by Federal Tittle V Funds received from the State of California, Department of Public Health, MCAH Division

06/10 SS-2343