

CLIENT NAME _____		DATE RANGE _____					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE							
	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
TIME							
DESCRIPTION							
	SNACK Mid-Morning	SNACK Mid-Morning	SNACK Mid-Morning	SNACK Mid-Morning	SNACK Mid-Morning	SNACK Mid-Morning	SNACK Mid-Morning
TIME							
DESCRIPTION							
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
TIME							
DESCRIPTION							
	SNACK 3:00 P.M.	SNACK 3:00 P.M.	SNACK 3:00 P.M.	SNACK 3:00 P.M.	SNACK 3:00 P.M.	SNACK 3:00 P.M.	SNACK 3:00 P.M.
TIME							
DESCRIPTION							
	SNACK	SNACK	SNACK	SNACK	SNACK	SNACK	SNACK
NOTES							
	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
TIME							
OZ. PROTEIN							
DESCRIPTION							
	AFTER DINNER	AFTER DINNER	AFTER DINNER	AFTER DINNER	AFTER DINNER	AFTER DINNER	AFTER DINNER
TIME							
DESCRIPTION							
OZ. WATER							
WALK							