

# MEAL PLAN SHEET

## DIABETES CENTRE

TIME:														
CARBOHYDRATES <i>(GRAMS/CHOICES)</i>									TOTAL	CHO	PRO	FAT		
GRAINS & STARCHES														
FRUITS														
MILK & ALTERNATIVES														
OTHER CHOICES														
VEGETABLES														
MEAT & ALTERNATIVES														
FATS & OILS														
<b>TOTAL KCAL</b>									<b>GRAMS</b>					
									<b>KCAL</b>					
									<b>%</b>					

Additional Modifications:  fat       sodium       fibre       protein       other: \_\_\_\_\_

Meal Plan Given:       Beyond the Basics™       other: \_\_\_\_\_

Present for Instruction:  alone       spouse       other: \_\_\_\_\_

*INSTRUCTED (see checklist)*

**COMMENTS:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_