Patient’s Name: ___________________________ Date: ______________

Diagnosis: __________________________________________________________________________

**Specific Instructions:**

☐ Eat breakfast EVERYDAY.
☐ Eat at least 5 servings/day of fruits and vegetables.
☐ Eat healthy snacks like fruits, vegetables, and whole-grain crackers.
☐ Limit fast food and fried food.
☐ No supersizing fast food or drinks.
☐ Limit sugary drinks such as sodas and sports drinks.
☐ Limit juice to _______ounces per day.
☐ Drink water when thirsty.
☐ Increase consumption of low-fat milk and dairy products (1% or skim milk).
☐ Play outside for 1 hour during the day.
☐ Limit TV/video/computer to 2 hours/day.

*In my professional opinion, in accordance with accepted medical practice standards, the above-mentioned patient requires healthy lifestyle changes for the problems indicated above.*

Physician’s Signature: ___________________________ Date: ______________