

Weight Management Forms and Meal Ideas

A practical packet to download print and bring to your care team

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Use these worksheets to prepare for a visit, plan meals, and record questions or symptoms. Start with the page that meets your needs; you do not need to complete the whole packet.

How to use this packet

- Print the pages you need or type into the editable Word version.
- Bring completed forms to your primary care provider or registered dietitian. Keep personal health information private.
- Use the menus as meal ideas. Ask your care team to help you set portions, additions, and any medical restrictions.

Find the page you need

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These are educational worksheets and examples, not diagnostic tools or a personalized treatment plan. Follow your own care team's instructions. Do not delay urgent care to complete a form.

RECOGNIZE • REASON • RESPOND

Learn the WHY, not just the answer.

Weight Management Visit Form 1

Complete what you can before a visit. Leave uncertain items for discussion. This educational form supports a conversation; it is not a diagnostic tool or a complete treatment eligibility screen.

Name

Date and age

PCP or care team

Recognize my concerns and goals

Main reason for seeking support

Health or daily activity I want to improve

When weight became a concern

Past diets, plans, medicines, or procedures tried

What helped and what was difficult

Health history to discuss

List diagnoses, past surgeries, and relevant family history. Examples include blood pressure, diabetes, sleep apnea, kidney or heart disease, digestive problems, thyroid conditions, and mental health or eating concerns. [1]

My medical and surgical history

More details or dates

Relevant family history

Pregnancy plans, possible pregnancy, or breastfeeding, if relevant

Weight and height may be measured and interpreted by the clinician. You may discuss concerns about weighing or ask how the information will be used.

Weight Management Visit Form 2

Name _____

Date _____

Medicines and allergies

List prescription and nonprescription products, vitamins, and supplements. Attach a current list if you need more space. Include medicines used only occasionally. [2]

Medicine or product	Dose and schedule	Reason or concern

Medicine or food allergies and reactions _____

Current weight treatment and prescriber if any _____

Treatment symptoms, missed doses, or access concerns _____

Reason through my everyday routine

Usual meals, snacks, and drinks _____

Food preferences cultural foods or restrictions _____

Appetite, reflux, nausea, or bowel concerns _____

Activity, sleep, and work or family demands _____

Food cost, cooking time, or support needs _____

Respond with my next step

Change I feel ready to discuss _____

My most important question today _____

Bring urgent symptoms to clinical attention promptly. Completing this form should not delay care. Give the completed form directly to your care team; keep your personal copy private.

One Day Lifestyle Meal Ideas

One day of flexible meal ideas for an adult using lifestyle changes. This is an example to personalize, not a calculated daily diet. A dietitian can specify portions, energy needs, protein, and other requirements for your health and goals.

Eating occasion	Example meal or option
Breakfast	Plain Greek yogurt with oats and berries. Use a suitable dairy alternative if needed and review what it contributes.
Lunch	Chicken or chickpeas with brown rice, mixed vegetables, and a dressing you enjoy.
Dinner	Baked fish or tofu with roasted sweet potato and cooked greens.
Snack if included in my plan	Fruit with nuts, yogurt, or another agreed option. Choose amounts and timing with the team.
Drinks	Water or other suitable unsweetened drinks across the day, within any prescribed fluid restriction.

Personalize the example

Choose foods you enjoy and can obtain. Familiar dishes can fill the same role in a meal. Substitutions may supply different nutrients, so ask about amounts and additions rather than assuming equal portions are equivalent.

Portions or serving guidance agreed with my dietitian

Meal timing and snacks that fit my day

Medical restrictions, allergies, or substitutions

My practical backup meal

Questions to bring to my PCP or dietitian

Does this example fit my health needs? What amounts and additions do I need? How can I adapt it for my usual foods, budget, and schedule?

The food combinations are original educational examples. No calorie or nutrient totals have been calculated. The menu cannot establish adequate intake without individualized amounts and review.

One Day Meal Ideas During Treatment

One day of flexible ideas for an adult taking prescribed weight-management medication, including GLP-1 medicines or Zepbound, who can eat and drink comfortably. Nutrition needs continue during treatment. Discuss individualized protein targets, especially with kidney disease. [3]

Eating occasion	Example meal or option
Breakfast	Scrambled egg or tofu with toast and soft fruit.
Lunch	Tender chicken or tofu with rice and cooked carrots.
Dinner	Fish or another tolerated protein food with potato and cooked zucchini.
Snack or addition if planned	Plain yogurt, cottage cheese, a suitable alternative, or a product chosen to fill an identified nutrition gap.
Drinks	Suitable drinks across the day according to your agreed fluid plan and any medical restrictions.

Adapt with the team

With mild nausea or fullness, smaller, more frequent meals and plain foods may be easier to tolerate. [4] Ask how to divide the agreed food across the day while meeting your needs. This menu does not prescribe meal sizes or guarantee sufficient nutrition.

Agreed portions and additions

Meal timing or smaller meal arrangement

Protein or fluid instructions if prescribed

Foods tolerated and substitutions to review

If symptoms prevent adequate food or fluid intake, seek clinical advice. Seek prompt attention for inability to keep fluids down, worsening symptoms, or signs of dehydration. [4] Follow the care team’s urgent instructions. After bariatric surgery, use the surgical team’s food stages and nutrition plan instead of this sample menu.

My Weekly Meal Planner

Week of _____ Planned with _____

Write meal ideas first, then add the portions and snacks agreed with your team. Repeat meals when useful. Use an extra page for amounts or instructions that do not fit here.

Day	Breakfast	Lunch	Dinner
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Plan the support I need

Snacks or additions in my plan

Shopping and preparation tasks

My backup when plans change

Restriction or question to review

Keep clinical nutrition instructions with this planner. Review what you actually ate and any difficulties with your dietitian when needed.

My Primary Care Visit Preparation

Name and visit date

Recognize what I want to discuss

My main concern

Change in symptoms appetite or daily function

Weight trend or health results if part of my plan

Treatment benefits difficulties or access concerns

Reason through my questions

Choose the questions that matter most today:

- What options fit my health and goals?
- Does my nutrition or activity plan need adjustment?
- What should I expect from treatment and when should we review it?
- Which symptoms need prompt contact or urgent help?
- What should I do if I miss doses or cannot obtain my medicine?

Another question I want to ask

Respond with a clear plan

Decisions or instructions confirmed with the team

Nutrition referral or other support

What I will record or bring to follow-up

Who to contact and how

Next appointment or review date

Bring your current medicine list and relevant care instructions. Confirm medication directions with the prescriber or pharmacist. Use emergency services for an emergency rather than waiting for a message response.

Seven Day Lifestyle Meal Ideas

Choose portions and additions with your dietitian before using this as your plan. These original food combinations have no calculated calorie or nutrient totals. Reorder days, repeat meals, and adapt foods to your preferences and medical needs.

Day	Breakfast	Lunch	Dinner
1	Greek yogurt, oats, berries	Chicken, brown rice, mixed vegetables	Fish, sweet potato, cooked greens
2	Egg, whole grain toast, fruit	Lentil soup, bread, vegetables	Chicken, rice, green beans
3	Oatmeal with milk or fortified soy milk, banana	Tofu, quinoa, cooked vegetables	Bean stew, rice, greens
4	Cottage cheese, fruit, toast	Chicken wrap with vegetables	Fish, potato, carrots
5	Egg, toast, orange	Chickpeas, rice, vegetables	Turkey or tofu, pasta, vegetables
6	Yogurt, oats, pear	Lentils, rice, cooked greens	Chicken, sweet potato, zucchini
7	Oatmeal with milk or fortified soy milk, berries	Fish or tofu, rice, vegetables	Bean or chicken stew, potato, greens

Complete the day for my needs

Discuss snacks, cooking ingredients, drinks, and any other additions. Options might include fruit with nuts, yogurt, an egg with toast, or hummus with bread. Foods and substitutions are not nutritionally interchangeable.

Portions and additions agreed with my dietitian

Restrictions, substitutions, or changes to review

Use the earlier lifestyle sample page to record meal timing and your backup plan. If you use medicines affected by meal intake, ask your prescribing team how the eating plan should fit those instructions.

Seven Day Meal Ideas During Treatment

For an adult using prescribed weight-management medication who can eat and drink comfortably. Set portions, meal timing, and additions with the team. This is not a postoperative bariatric diet or a calculated daily nutrition prescription.

Day	Breakfast	Lunch	Dinner
1	Scrambled egg or tofu, toast, soft fruit	Tender chicken, rice, cooked carrots	Fish, potato, cooked zucchini
2	Greek yogurt, oatmeal, banana	Tofu, rice, cooked greens	Tender chicken, potato, carrots
3	Egg, toast, melon	Chicken soup with rice and vegetables	Fish, sweet potato, cooked greens
4	Oatmeal with milk or fortified soy milk, soft fruit	Tofu, potato, cooked zucchini	Chicken, rice, cooked carrots
5	Cottage cheese, toast, fruit	Fish, rice, cooked vegetables	Tofu, potato, cooked greens
6	Egg or tofu, toast, banana	Chicken, rice, cooked zucchini	Fish, potato, carrots
7	Greek yogurt, oatmeal, soft fruit	Tofu, rice, cooked carrots	Chicken, sweet potato, greens

Adapt without losing needed nutrition

When mild nausea or fullness occurs, smaller meals more often and plain foods may be easier to tolerate. [4] Ask how to divide the planned food across the day and whether snacks or additions are needed. Contact the team if symptoms prevent sufficient intake.

Agreed portions, snacks, and additions

Tolerance questions or substitutions to review

Use the earlier treatment meal page for nutrition and fluid instructions. Follow your care team's urgent-symptom guidance. These examples do not require a different menu simply because a medication dose changes.

My Grocery and Meal Preparation Plan

Week of _____ Meals selected _____

Select the meals you will actually use. Check what is already at home, then list quantities for your agreed portions and household needs. Repeating ingredients can simplify preparation.

What I need to buy

Protein foods

Vegetables and fruit

Grains potatoes or other meal staples

Dairy or suitable alternatives

Cooking ingredients, drinks, and planned snacks

Reason through time budget and storage

My budget and shopping day

Meals or ingredients I will prepare first

What I will freeze or prepare later in the week

Food safety or storage question to check

Respond with a practical backup

Easy meal I can arrange if cooking is difficult

Who can help and what I will ask them to do

One preparation task and when I will do it

Food safety: keep raw and ready-to-eat foods separate; cook to the appropriate safe temperature. Refrigerate perishables within 2 hours, or within 1 hour above 90°F. Keep the refrigerator at 40°F or below. [5] Plan preparation and storage across the week; this sheet does not imply that every prepared food can be refrigerated for seven days.

My Food and Symptom Log

Name _____ Date _____

Use when your care team asks for a record. Describe what you ate or drank, what you noticed, and the timing. The log may help a discussion; timing alone does not establish that a food or medicine caused a symptom.

Time	Food or drink and amount	What I noticed and when

Context to share with my team

Medicine dose and time if relevant

Symptom duration and effect on eating or activities

Fluids tolerated and any difficulty keeping them down

What I tried and whether it helped

Respond and follow up

Who I contacted and when

Instructions received

Next contact or review date

Do not wait to finish this log before seeking care. Inability to keep fluids down, worsening symptoms, dark urine, or lightheadedness warrant prompt clinical advice. [4] For severe or emergency symptoms, follow the care team’s urgent instructions and use emergency services when indicated.

Sources and Use Notes

This packet is a Blueprint Clinical Education resource for the Patient Education and Wellness section. The intake questions and worksheets are original educational forms. They are not validated screening instruments, clinic consent forms, or a substitute for a clinician's assessment.

The meal pages show food combinations without fixed calorie totals, nutrient calculations, or prescribed portions. They require adaptation for allergies, medical conditions, medications, pregnancy, individual nutrition needs, and any surgical care plan.

[1] NIDDK. Factors Affecting Weight and Health.

<https://www.niddk.nih.gov/health-information/weight-management/adult-overweight-obesity/factors-affecting-weight-health>

[2] FDA. Think It Through Managing the Benefits and Risks of Medicines.

<https://www.fda.gov/drugs/information-consumers-and-patients-drugs/think-it-through-managing-benefits-and-risks-medicines>

[3] Guy's and St Thomas' NHS Foundation Trust. Food and Nutrition. Reviewed August 2025.

<https://www.guysandstthomas.nhs.uk/health-information/lifestyle-advice-people-taking-weight-loss-medicines/food-and-nutrition>

[4] Guy's and St Thomas' NHS Foundation Trust. Managing Side Effects with Diet. Reviewed August 2025.

<https://www.guysandstthomas.nhs.uk/health-information/lifestyle-advice-people-taking-weight-loss-medicines/managing-side-effects-diet>

[5] FoodSafety.gov. Four Steps to Food Safety.

<https://www.foodsafety.gov/keep-food-safe/4-steps-to-food-safety>

Source links reviewed October 5, 2026. Clinical advice may change. A clinic adapting these forms should review them for its own workflow and documentation needs.