

Weekly Meal Journal

Name _____

Week of _____

My Weight Loss Goal: _____



	Breakfast	Lunch	Dinner	Snack	Water: # of 8 oz glasses	Supplements: Type and Amount	Notes
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Please email to idealyou@northoaks.org or fax to (985) 230-1881 two days prior to your appointment.