



Your Lifestyle Medicine Rx - Healthy Eating

Eating healthy doesn't mean you have to diet or give up the foods you love. It means that most of the time you make smart choices. Try to eat more meals at home. Eat less fast food and processed foods (packaged/canned foods). Use the healthy plate below to help you make more meals at home.

Eating smarter can help with

- More energy
- Stronger bones
- Healthy weight
- Blood sugar
- Blood pressure
- Depression
- Better health
- Anxiety & stress
- Sleep issues

What does a healthy plate look like?

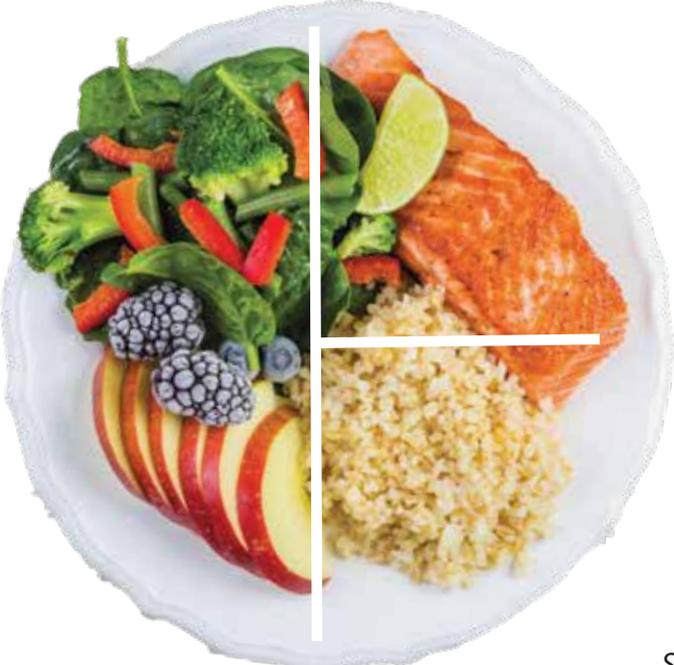


Water

Drink water at meals. Limit dairy and avoid sugary drinks.

50 % Fruits and Vegetables

The more veggies - and the greater the variety - the better. Potatoes and french fries don't count! Eat plenty of fruits of all colors!



25% Protein-Rich Foods

Choose fish, poultry, beans, and nuts; limit red meat; avoid bacon, lunch meat, and other processed meats.

25% Fiber-Rich Foods

Eat whole grains (like brown rice, whole-wheat bread, and whole-grain pasta). Limit refined grains (like white rice and white bread).

Tips to eating smarter

- Eat smaller portions (Use 9 inch plate and 4oz. glass)
- Plan, make and eat healthy meals
- Eat together as a family
- Bring a water bottle wherever you go
- Try at least one new recipe per week
- Use no salt added or low sodium canned food options
- Cut down on sugar sweetened drinks (sweet tea, soda)
- Plant a garden
- Buy in-season fruits and vegetables/shop at farmers market
- Keep cut veggies in the fridge ready for snacking
- Make a shopping list and stick to it
- Eat less processed meats (lunch meat, bacon, steak, hamburger)
- Other: _____



01/2022

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Patient Name: _____

DOB: _____

- Eat breakfast _____ times per week.
- Drink at least _____ cups (8oz.) of water per day
- Eat _____ servings of vegetables daily
- Eat _____ servings of fruit daily
- Cut down to _____ sugary drinks per day
- Plan and fix _____ meals _____ times per week using the healthy plate.
- Eliminate _____ by _____.

Provider Signature

Date

Referrals (from today's visit)

Date: ____ / ____ / ____

Chart Number: _____

Registered Dietitian

Healthy Future

Counseling

Declined

Patient Email: _____

Patient Phone: _____

Follow Up:

Rx Status (based on last Rx) Date: ____ / ____ / ____

Complete (C)

Partially Complete (P)

Incomplete (I)

Referral Status (based on last referral) Date: ____ / ____ / ____

Registered Dietitian

Healthy Future

Healthy Living Department

Counseling

Declined