



# Functional Medicine Prescription and Lifestyle Plan

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Functional Nutrition Plan

- |  |  |  |   |
|--|--|--|---|
| <b>Foundational Interventions</b><br><input type="checkbox"/> Phytonutrient Spectrum<br><input type="checkbox"/> Core Food Plan<br><input type="checkbox"/> Vegan<br><input type="checkbox"/> Vegetarian | <b>First Step Interventions</b><br><input type="checkbox"/> Cardiometabolic Food Plan<br><input type="checkbox"/> Elimination Diet<br><input type="checkbox"/> Food Reintroduction | <b>Advanced Therapeutic Interventions</b><br><input type="checkbox"/> Detox Food Plan<br><input type="checkbox"/> Mito Food Plan<br><input type="checkbox"/> ReNew Food Plan | <b>GI-Specific Interventions</b><br><input type="checkbox"/> Anti-Candida Food Plan<br><input type="checkbox"/> Low-FODMAP Food Plan<br><input type="checkbox"/> Specific Carbohydrate Diet |
|--|--|--|---|

## Personal Dietary Recommendations

Macronutrient Distribution (P/F/C):  20/30/50     25/30/45     30/30/40     30/45/25     20/60/20  
 Target Calories:     1000–1200     1200–1400     1400–1800     1800–2200     2200–2500  
 Intermittent Fasting:  Yes     No    Target Calories per day: \_\_\_\_\_    Frequency: \_\_\_\_\_ times per week  
 Other Recommendations: \_\_\_\_\_

## Lifestyle Plan

**Sleep:** \_\_\_\_\_

**Exercise:** Risk Assessment:  Low Risk     Medium Risk     High Risk  
 Clearance:  Yes     No \_\_\_\_\_

| Exercise Prescription:                                  | Cardio/Aerobic | Strength/Resistance | Flexibility/Stretching | Balance |
|---|----------------|---------------------|------------------------|---------|
| <b>F - Frequency</b><br>times per week                  |                |                     |                        |         |
| <b>I - Intensity</b><br>(e.g., low, moderate, vigorous) |                |                     |                        |         |
| <b>T - Time/duration</b><br>minutes each day            |                |                     |                        |         |
| <b>T - Type</b><br>(e.g., walking, jogging, swimming)   |                |                     |                        |         |

**Restoration:**  Self Awareness/Mindfulness     Guided Imagery/Visualization     Relaxation Response  
 Breathing Techniques     Meditation     Other: \_\_\_\_\_

## Supplements/Medications Plan

| Supplement/Medication | On rising | Breakfast | Mid-morning | Lunch | Mid-afternoon | Dinner | Mid-evening | Before bed |
|-----------------------|-----------|-----------|-------------|-------|---------------|--------|-------------|------------|
|                       |           |           |             |       |               |        |             |            |
|                       |           |           |             |       |               |        |             |            |
|                       |           |           |             |       |               |        |             |            |
|                       |           |           |             |       |               |        |             |            |

**Additional Comments** \_\_\_\_\_

Prescribed by \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Appointment \_\_\_\_\_