

Dietary Assessment and Recommendations

Date: [Insert Date]

To: [Client's Name]

From: [Your Name/Your Organization]

Dear [Client's Name],

Following our recent consultation and the dietary assessment completed on [insert assessment date], we have analyzed your current nutritional intake and habits. Below are the key findings and tailored recommendations to help you achieve your health goals.

Assessment Summary

- Current Weight: [Insert Weight]
- Height: [Insert Height]
- Body Mass Index (BMI): [Insert BMI]
- Dietary Preferences: [Insert Preferences]
- Any Food Allergies: [Insert Allergies]

Recommendations

1. Increase fruit and vegetable intake to at least 5 servings per day.
2. Incorporate whole grains into your meals, such as brown rice and whole grain bread.
3. Limit saturated fats and opt for healthy fats, like avocados and olive oil.
4. Stay hydrated by drinking at least 8 glasses of water a day.
5. Consider consulting a registered dietitian for personalized meal planning.

Follow-Up

Please schedule a follow-up appointment within the next [insert timeframe] weeks to monitor your progress and make any necessary adjustments to your dietary plan.

Thank you for allowing me to assist you on your wellness journey. Feel free to reach out with any questions or concerns.

Sincerely,

[Your Name]

[Your Title/Organization]

[Your Contact Information]