

# 21-Day Elimination Diet Food List

## Patient Information

- Full Name: \_\_\_\_\_
- Date: \_\_\_\_\_
- Nutritionist/Dietitian: \_\_\_\_\_

## Overview of the 21-Day Elimination Diet

- The Elimination Diet involves removing specific foods or food groups believed to cause allergies or sensitivities for a period of 21 days.
- After 21 days, these foods are gradually reintroduced to identify any reactions.

## Foods to Eliminate

1. **Dairy Products:** Milk, cheese, yogurt, butter.
2. **Gluten-Containing Grains:** Wheat, barley, rye, oats (unless labeled gluten-free).
3. **Eggs:** Both yolks and whites.
4. **Soy Products:** Tofu, soy milk, soy sauce.
5. **Nuts and Seeds:** All types, including nut butters.
6. **Legumes:** Beans, lentils, peas.
7. **Nightshade Vegetables:** Tomatoes, potatoes, eggplant, peppers.
8. **Citrus Fruits:** Oranges, lemons, limes, grapefruit.
9. **Pork and Shellfish**
10. **Processed/Packaged Foods:** Anything with additives, preservatives, artificial colors or flavors.
11. **Alcohol, Caffeine, and Refined Sugars**

## Foods to Include

1. **Vegetables (excluding nightshades):** Leafy greens, broccoli, cauliflower, zucchini, etc.
2. **Fruits (excluding citrus):** Apples, berries, pears, melons.
3. **Gluten-Free Grains:** Quinoa, rice, millet, amaranth.
4. **Meat and Fish:** Chicken, turkey, beef, lamb, wild fish.
5. **Plant-Based Proteins:** Hemp, chia, flaxseeds.
6. **Dairy Alternatives:** Almond milk, coconut milk, oat milk.

7. **Healthy Fats:** Avocado, olive oil, coconut oil.
8. **Herbs and Spices:** All fresh and dried herbs, salt, pepper.
9. **Beverages:** Water, herbal teas, bone broth.

### Sample Meal Ideas

- Breakfast: Smoothie with spinach, banana, and hemp seeds.
- Lunch: Salad with mixed greens, grilled chicken, and olive oil dressing.
- Dinner: Grilled fish with steamed vegetables and quinoa.

### Additional Notes

- [Any specific dietary restrictions or considerations]:

- [Patient's preferences or allergies]:

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**Nutritionist/Dietitian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Patient Acknowledgment

I have reviewed the 21-Day Elimination Diet Food List with my healthcare provider and understand the recommendations.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer:** This Elimination Diet Food List is tailored to the individual needs of the patient. Please consult with a healthcare provider before starting any new dietary program.