



Functional Medicine Prescription and Lifestyle Plan

Patient Name _____ Date of Birth _____

Functional Nutrition Plan

Functional Nutrition

- Phytonutrient Spectrum
- Core Food Plan (CFP)
- Vegan Vegetarian

First Step Interventions

- Cardiometabolic Food Plan
- Elimination Diet
- Food Reintroduction

Advanced Interventions

- Detox Food Plan
- Mito Food Plan
- ReNew Food Plan

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
F - Frequency times per week				
I - Intensity (e.g., low, moderate, vigorous)				
T - Time/duration minutes each day				
T - Type (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 _____