TEMPLATE N

Meal Plan Review Calendar

Use with Chapter 15.

Review	Date	Done	Changes made
Monthly check (weight, freezer, budget)			
Monthly check			
Monthly check			
Quarterly Kitchen and Eating Check-In (Template A)			
Yearly Wellness visit			
Yearly pharmacist or Medication Therapy Management review			
Yearly dietitian follow-up (if eligible)			
Supplemental Nutrition Assistance Program (SNAP) and health plan benefits recheck			
After any hospital stay, diagnosis, or new medicine	As needed		