PARTNER WITH YOUR PROVIDER TAKE OWNERSHIP OF YOUR HEALTH!

Assess your health status by completing this worksheet and discuss your personal goals with your healthcare provider (HCP)

NORMAL NUMBERS NOW	DATE:
My Numbers:	<u>Ideal Numbers</u> :
Wt: Ht: BMI: Waist in inches: Blood Pressure: Total Cholesterol: LDL-Cholesterol: HDL-Cholesterol: Triglycerides: Fasting Blood Sugar: Hemoglobin A1c:	BMI 18.5 - <25 Waist in inches <35 for Women, <40 for Men Blood Pressure <120 / <80 Total Cholesterol <200 LDL-Cholesterol <100 HDL-Cholesterol >50 for Women, >40 for Men Triglycerides <150 Fasting Blood Sugar <100 Hemoglobin A1c <5.5
MY HABITS/LIFESTYLE	
(Ideal: >4 to prevent disease. To lose weight The % of my food consumption that is (Ideal: >75%. Meat consumption should be Smoker: Yes No (Ideal: NO tobacco products) Number of alcoholic beverages per da (Ideal: 0-1 for Women, 0-2 for Men)	fruits, vegetables, and whole grains:% e lean; dairy should be no or low fat) ay:
	SCULAR DISEASE (CVD) & OTHER DISORDERS
— High LDL (bad) cholesterol — Low HDL (good) cholesterol — Physical inactivity	 Unhealthy food consumption Diabetes Family history of early CVD Depression History of diabetes during pregnancy History of preeclampsia (increased BP in pregnancy)
PLAN TO REDUCE RISK OF CVI	D AND OTHER DISORDERS:
What I need to do:	
How my HCP can assist me:	

