



12 Month Re - evaluation

Heart Health Program MEDICAL RE-EVALUATION FORM

Dear Doctor,

Your client has currently been enrolled for 12 months in the Heart Health Program for Veterans: A free 12 month Health and Wellbeing Program provided by the VVCS and administered by Corporate Health Management (CHM) nationally.

The tailored program supported by a telephonic health coach assists participants to exercise regularly and includes health education on a range of topics covering goal setting, nutrition, diabetes, CVD prevention, back care, stress management, alcohol and smoking cessation.

Regular medical assessments (every 12 weeks) assist the participant in monitoring their progress towards their health and wellbeing goals

Participant name:

Address

Phone

Participant's Details:

Blood pressure:

Cholesterol: mmol/L

..... TC HDL

..... LDL Trig.

Blood glucose: mmol/L

Weight: kg

Height: cm

Hip: cm

Waist: cm

Participants Current Medications



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Participant's Details:

The participant currently suffers from: (please tick)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Allergies
<input type="checkbox"/> Bowel condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Depression	<input type="checkbox"/> Stress / Anxiety	<input type="checkbox"/> Lower Back Pain
<input type="checkbox"/> Other (please specify).....		

The participant is recommended to have:

A full balanced diet (please tick)

Other, please specify including allergies:

Participant should exercise at: (please tick)

Low intensity

Moderate intensity

No limitations

The following restrictions (if any) apply:

Doctor's Signature:

Phone number:

Date: / /

Office use only

Date received:	<input style="width: 100px;" type="text"/>	Additional comments:
VMIS No.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Group Code:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	