



# Heart Health Program MEDICAL RE-EVALUATION FORM

Dear Heart Health Participant,

Congratulations, you have now reached the halfway point of the Heart Health Program. To enable us to monitor your progress, and to ensure you reach your health and wellbeing goals, we ask that you complete the below form and return to the Heart Health Program Coordinator via the replied paid envelope supplied.

Participant Name .....

Address .....

Phone.....

## Participant's details:

Blood Pressure:

Weight: kg

Height: cm

Hip: cm

Waist: cm

Smoking Status:  No  Yes ..... No. / day

## Participant currently treated for:

High Blood Pressure:  Yes  No

High Cholesterol:  Yes  No

Other:

Return via post to:  
**Heart Health Program Co-ordinator | Corporate Health Management | Reply Paid 91825, Toorak VIC 3142**  
Return via email to:  
**hearthealth@chm.com.au**