



Heart Health Program MEDICAL RE-EVALUATION FORM

Dear Doctor,

6 months ago your client completed a 12 month health and wellbeing program for veterans provided by The Department of Veterans' Affairs and administered by Corporate Health Management (CHM) nationally.

To measure the success of the program we require you to complete this final Medical Re-evaluation form. Including up-to-date biometric measurements.

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

Smoking Status: No Yes No. / day

Participant's Current Medications



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Participant's Medical Condition:

The participant currently suffers from the following conditions:

The following restrictions (if any) apply:

Participant should exercise at: (please tick)

Low intensity

Moderate intensity

No limitations

Doctor's Signature:

Phone number:

Date:

/

/

Return via post to:

Heart Health Program Co-ordinator | Corporate Health Management | Reply Paid 91825, TULLAMARINE VIC 3043

Return via email to:

hearthealth@chm.com.au