





## New medication (if any)

Type	Name	Dose	How to take	Notes
Blood pressure-lowering				
Cholesterol-lowering				
Other				

## Lifestyle goals

	Heart Foundation goal	My goal (be specific- how and when)
<b>Smoking</b>	Quit smoking and/or avoid second-hand smoke	
<b>Healthy eating</b>	Eat a heart-healthy diet: <ul style="list-style-type: none"> <li>• Eat plenty of vegetables, fruit, and wholegrains.</li> <li>• Include a variety of healthy protein-rich foods from animal and/or plant sources (e.g. legumes such as chickpeas and lentils).</li> <li>• Choose unflavoured milk, yoghurt, and cheese.</li> <li>• Include foods that contain healthy fats and oils (e.g. olive oil, nuts and seeds, and animal sources such as fish).</li> <li>• Use herbs and spices to flavour foods instead of salt.</li> <li>• Avoid highly processed and discretionary (junk) food items.</li> <li>• Restrict salt intake to reduce blood pressure, consider DASH diet.</li> <li>• Consider a Mediterranean-style diet.</li> <li>• Regular consumption of oily fish.</li> </ul>	
<b>Physical activity</b>	Engage in regular, sustainable physical activity. Start small and aim to build up to doing 30 minutes of moderate-intensity physical activity (e.g. brisk walking) on most days of the week	
<b>Alcohol</b>	Drink no more than 10 standard alcoholic drinks per week and no more than 4 on any one day	
<b>Weight</b>	Achieve and maintain a healthy weight	
<b>Other</b>		



## Further support/referrals

Name & contact details of health professional, service or program	What do I need to do?
<b>Heart Foundation recipes and heart healthy dinner plans</b>	Visit <b>heartfoundation.org.au</b> , and search 'recipes'
<b>Heart Foundation personal walking plans and walking groups</b>	Visit <b>walking.heartfoundation.org.au</b>

## Plan prepared by:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

GP's name: \_\_\_\_\_

## My next appointment is:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## My next Heart Health Check is:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_