

1ST CYPRESS HEART WELLNESS PROGRAM

DATE:

NAME: _____

AGE: _____

CURRENT

12 MONTH GOAL

Blood Pressure _____

Resting Pulse (60 - 100) _____

Miles (or equivalent) per month _____

(minimum 50 per month
is recommended)

Push ups _____

Score _____

Sit ups _____

Score _____

Chair Squats _____

Score _____

3 min Step Test (heart rate) _____

Score _____

Weight _____

BMI _____

Waist to Hip measurement (will not count for points)

Score

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Rating

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LIFESTYLE CHANGES I WANT TO MAKE OVER THE NEXT YEAR:

1

3

2

4