

## My measurements

Date				
Height				
Weight				
Waist				
Blood Pressure				
HbA1c				
Cholesterol				

## Things I want to ask about

(use this space for writing down anything you want to talk about)

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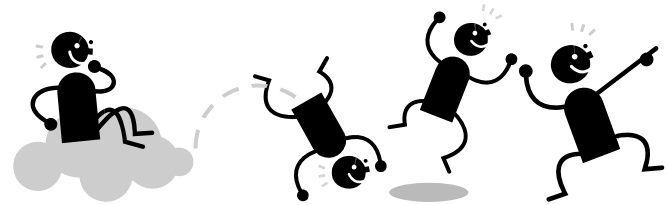
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## My health record card



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

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor/nurse signature: \_\_\_\_\_

Patient signature: \_\_\_\_\_

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

# My personal targets

Week 1

Healthy eating target

How I did

Physical activity target

How I did

Week 2

Healthy eating target

How I did

Physical activity target

How I did

Week 3

Healthy eating target

How I did

Physical activity target

How I did