



How To Use This Form

This form will help you keep track of things that you can do to help your heart.



Name _____

Date _____

Target weight _____



Reminders:

Post this form someplace handy. Use it every day to keep on track.

Get started:

- Ask your doctor to help you fill in this form.
- When you visit your doctor, ask about any changes to your treatment. Write them down.

Use this form to help you remember:

- Your target weight
- Activities and exercises that you can do
- Your diet plan, including how much salt and liquids that you can have
- Your medicines: What to take and when
- Important telephone numbers



Whom to call:

Emergency: **911** or _____

Doctor: _____ Phone: _____

Dietitian: _____ Phone: _____

Pharmacy: _____ Phone: _____



Exercise and activities

My level of daily activity is:

- Normal
 Limited
 Bed rest
 Other _____

My daily exercise/activity plan is (how much and what type):

Examples of what I can do:

Examples of what I should not do:

My diet plan

- Diet to follow: Regular
 DASH diet
 Low fat
 Low cholesterol
 Diabetic
 Other _____

How much salt I can have:

- 1,500 mg per day
 2,000 mg per day
 2,300 mg per day
 Other _____

How much fluid I can have:

- No limit
 Limit to ___ ounces per day



My medicines

Name of medicine	Color and what it looks like	How much to take	When to take it