

WELLNESS RECOMMENDATIONS



THE RECOMMENDATIONS CHECKED OFF BELOW HAVE BEEN SUGGESTED BY YOUR MEDICAL PROVIDER.



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|--|--|
| <input type="checkbox"/> WALK FOR 30 MINUTES DAILY | <input type="checkbox"/> DO DAILY STRETCHES |
| <input type="checkbox"/> EAT A HEART HEALTHY BREAKFAST | <input type="checkbox"/> DRINK MORE WATER DAILY |
| <input type="checkbox"/> DECREASE CARB INTAKE | <input type="checkbox"/> EAT MORE FOODS WITH FIBER |
| <input type="checkbox"/> INCREASE DAILY MOVEMENT | <input type="checkbox"/> SPEND 30 MINUTES IN THE SUN |
| <input type="checkbox"/> MINIMIZE RED MEAT INTAKE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

PHYSICIAN SIGNATURE: _____