



My healthy heart plan

Date: _____ / _____ / _____

Name: _____ DOB: _____ / _____ / _____

My risk of having a heart attack or stroke:

LOW RISK <10%



Less than 1 in 10 chance of having a heart attack or stroke in the next 5 years

MODERATE RISK 10–15%



At least 1 in 10 chance of having a heart attack or stroke in the next 5 years if left unmanaged

HIGH RISK >15%



At least 1 in 7 chance of having a heart attack or stroke in the next 5 years if left unmanaged

My risk of having a heart attack or stroke is increased because of:

- | | | |
|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Being inactive | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Alcohol intake | <input type="checkbox"/> Family history of heart disease |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Waist circumference or body mass index (BMI) | <input type="checkbox"/> Cultural background |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression or social isolation |
| <input type="checkbox"/> Unhealthy diet | | |
| <input type="checkbox"/> Other: _____ | | |

My goals to reduce my risk of a heart attack or stroke:

Medical goals

		My current level	My goal
Blood pressure (mmHg)			
Cholesterol & triglycerides	Total cholesterol (mmol/L)		Target:* <4.0 mmol/L
	HDL cholesterol (mmol/L) 'good' cholesterol		Target:* ≥1.0mmol/L
	LDL cholesterol (mmol/L) 'bad' cholesterol		Target:* <2.0 mmol/L
	Triglycerides (mmol/L)		Target:* <2.0 mmol/L

*General targets for patients who are taking cholesterol lowering medication.



My healthy heart plan

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)
Smoking	Quit smoking and/or avoid second-hand smoke	
Healthy eating	Eat a heart healthy diet: <ul style="list-style-type: none"> - Plenty of vegetables, fruits and wholegrains - A variety of healthy protein sources including fish and seafood, lean meat and poultry, legumes (beans and lentils), nuts and seeds - Unflavoured milk, yoghurt and cheese – reduced fat varieties if you have high blood cholesterol - Healthy fat choices with nuts, seeds, avocados, olives and their oils for cooking - Add herbs and spices to flavour foods, instead of salt 	
Physical activity	Spend more time being active – aim for 30 minutes of moderate-intensity physical activity on most days of the week (e.g. brisk walking)	
Alcohol	Drink no more than 10 standard alcoholic drinks per week and no more than 4 on any one day	
Weight	Maintain a healthy weight – aim for a waist circumference of less than 80 cm for females and less than 94 cm for males	
Other		



My healthy heart plan

Further support/referrals

Name and contact details of health professional, service or program	What do I need to do?
Heart Foundation recipes	Visit heartfoundation.org.au , and search 'recipes'
Heart Foundation Walking group	Visit walking.heartfoundation.org.au
Heart Foundation Helpline	Call 13 11 12 during business hours or visit heartfoundation.org.au/helpline

My next appointment is:

Date: ____ / ____ / ____

Plan prepared by:

Name: _____

Position: _____

GP's name: _____

