

Health Worksheet

Personal Information:

- **Name:**
 - **Date of Birth:**
 - **Emergency Contact:**
 - Name:
 - Phone:
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Health Goals:

- **Short-Term Goals (1-3 months):**

 - **Long-Term Goals (6 months - 1 year):**
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Physical Health:

Exercise:

- **Weekly Exercise Plan:**
 - Monday:
 - Tuesday:
 - Wednesday:
 - Thursday:
 - Friday:
 - Saturday:
 - Sunday:
- **Types of Exercise:**
 - Cardio:
 - Strength Training:
 - Flexibility/Stretching:

Nutrition:

- **Daily Meal Plan:**

- Breakfast:
- Snack 1:
- Lunch:
- Snack 2:
- Dinner:

- **Hydration:**

- Glasses of water per day:

Sleep:

- **Average Hours of Sleep:**

Mental Health:

Stress Management:

- **Stress Triggers:**

- 1.
- 2.

- **Relaxation Techniques:**

- Deep Breathing:
- Meditation:
- Hobbies:

Emotional Well-being:

- **Daily Mood Check:**

- Happy:
- Sad:
- Stressed:
- Excited:
- Calm:

Medical Information:

- **Current Medications:**

 - **Allergies:**

 - **Recent Medical Tests/Check-ups:**
 - Date:
 - Results:
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Notes/Reflections:

- **Any specific observations or feelings about your health today?**
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Next Steps:

- **Action Items for Improvement:**

- **Schedule Next Health Check-up:**
 - Date:
 - Doctor: