

# Health Worksheet

## PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ dd / mm / yyyy

## EMERGENCY CONTACT:

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

## HEALTH GOALS:

Short-Term Goals (1-3 months):

Long-Term Goals (6 months - 1 year):

## PHYSICAL HEALTH:

Exercise:

Weekly Exercise Plan:

Monday:

Tuesday:

Wednesday:

Thursday:

**Friday:**

**Saturday:**

**Sunday:**

**Types of Exercise:**

**Cardio:**

**Strength Training:**

**Flexibility/Stretching:**

**NUTRITION:**

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**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:

**Relaxation Techniques:**

Deep Breathing:

Meditation:

Hobbies:

**EMOTIONAL WELL-BEING:**

**Daily Mood Check:**

Happy:

Sad:

Stressed:

Excited:

Calm:

**MEDICAL INFORMATION:**

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Current Medications:

Allergies:

Recent Medical Tests/Check-ups:

Date: \_\_\_\_\_ dd / mm / yyyy

Results:

**NOTES/REFLECTIONS:**

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Any specific observations or feelings about your health today?

**NEXT STEPS:**

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Action Items for Improvement:

**Schedule Next Health Check-up:**

Date: \_\_\_\_\_ dd / mm / yyyy      Doctor: \_\_\_\_\_