HEALTHY GOAL

Good for the Neighborhood
Supported by the INDEPENDENT HEALTH FOUNDATION

Independent Health FOUNDATION

Based on today's screening results, my goal to accomplish by _____ **is:**
month/year

I want to:

☐ Have a healthy weight (_____ pounds)

☐ Lower my blood pressure

☐ Lower my cholesterol

☐ Lower my blood sugar

☐ Quit Smoking

Your Name: _____

Your Phone Number: _____

Your Birthdate: _____ / _____ / _____

How I will reach my goal:

_____

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