



Her Heart Challenge Application



Parkview Heart Institute has made a commitment to women by focusing on their unique cardiovascular needs and risks for heart disease. Together with Parkview Physician's Group – Cardiology, we are excited to offer a program especially for women in our community who are ready to meet the challenge of reducing their own risk of heart disease. This program is called the Her Heart Challenge.

If you participate, you will attend weekly sessions beginning in August that will include resources and information to help you find your motivation and learn about your personal risks. Our health experts will help you find ways to decrease those risks and lower the chances of developing heart disease — which remains the number one killer of women in the United States. If participating, the Her Heart Challenge will also provide you with free lab work, opportunities for activity and access to health experts.

The selection process for the Her Heart Challenge involves an application and interview with the Her Heart Challenge Team. Interviews will be held the second week of June to select participants for this program. You will be notified by June 30 if you are selected for this program.

Applications received after May 31st will be considered for the following year's Her Heart Challenge class.

Name _____ Age _____ Date of Birth _____

Address _____ City/State/ZIP _____

E-mail _____ Shirt Size Circle One: Small Medium Large XL XXL XXXL

Home Phone _____ Work Phone _____ Cell Phone _____

Do you suffer from: High Blood Pressure _____ High Cholesterol _____ Diabetes _____

Do you smoke? _____ Are you a member of the WomenHeart Support Network at Parkview Heart Institute? _____

Rate your readiness to make lifestyle changes to help you reach your goals, based on a scale from 1 to 5 (1 meaning low, 5 meaning high) _____

Will you be able to meet the following requirements?

Yes _____	No _____	HHC Retreat 1 st Saturday of August
Yes _____	No _____	Wednesday evening meetings, 5:30 – 7:00 p.m., August – November
Yes _____	No _____	Check in #1, 5:30-7:00 p.m.
Yes _____	No _____	Check in #2, 5:30-7:00 p.m.
Yes _____	No _____	Love Your Heart Expo Final Celebration
Yes _____	No _____	Obtain a signed release from your medical provider to participate

(continued)

In 100 words or less, what is your top health GOAL:

In 200 words or less, describe why you want to participate in the Her Heart Challenge:

Please complete this application and return to: Jill Zahm, Parkview Heart Institute, 11108 Parkview Circle Drive Fort Wayne, IN 46845 Applications can also be faxed to 260-266-0385, or scanned and e-mailed to jill.zahm@parkview.com