

## **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.

Name_			Age	Ethnicity	(optional)	
Addres	ss	City/S	State/ZIP			
E-mail		Shirt	t Size Circle C	One Small Medium	Large XL XXL XXI	
Home F	Phone	Work Phone		_ Cell Phone		
Do you	suffer from: I	High Blood Pressure High C	holesterol	Diabetes		
Do you	smoke?	Are you a member of the WomenHear	t Support Net	work at Parkview Hea	art Institute?	
-		to make lifestyle changes to help you reach	n your goals, b	pased on a scale from	n 1 to 5 (1 meaning low	
Will you	ı be able to m	eet the following requirements?:				
		Overnight stay for the HHC Retreat beginning 5 p.m. the first Friday and Saturday of August				
Yes	No	Tuesday evening meetings, 5:30 – 7:00 p.m., August – November				
Yes	No	Check in #1, 5:30-7:00 p.m. First Wednesday of December				
Yes	No	Check in #2, 5:30-7:00 p.m. First Wedne	esday of Janu	ıary		
Yes	No	Love Your Heart Expo Final Celebration	n, First Thurso	lay in May		
Yes	No	Obtain a signed release from your medi	ical provider to	o participate		

(continued)

In 200 words or less, describe why you want to participate in the Her Heart Challenge:	
Please complete this application and return to: Sarah Mohrman, PPG — Cardiology, Parkview Heart Institute, 11108 Parkview Circle Drive, PO Box 5600, Fort Wayne, IN 46895-5600. Applications can also be faxed to 260-458-5850, scanned and e-mailed to <a href="mailto:sarah.mohrman@parkview.com">sarah.mohrman@parkview.com</a> .	