

Her Heart Challenge Application

Applications accepted beginning: Feb. 14, 2020 Deadline for applications: May 15, 2020



Parkview Heart Institute has made a commitment to women by focusing on their unique cardiovascular needs and risks for heart disease. Together, with Parkview Physicians 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 chosen, 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 health risks. Our 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. Her Heart Challenge will also provide participants with free lab work, opportunities for activity and access to health experts.

The selection process for Her Heart Challenge involves completion of this application and an interview with the Her Heart Challenge team. Interviews will be held June 1 – June 8 to select participants for this program. You will be notified by June 20 if you are selected.

name				Are you over age 18? (circle one) Yes No			
Address			City/	_City/State/ZIP			
E-mail							
Shirt si	ze (circle one	Small Medium Large XL	_ XXL XXX	L			
Home phone Work phone_			hone		_ Cell phone		
Do you	suffer from: H	igh Blood Pressure	High C	cholesterol	Diabetes		
Do you	smoke?	Are you a member of the	e Her Heart S	upport Netwo	rk of Parkview Heart Institute	?	
•		o make lifestyle changes to h	nelp you reacl	n your goals,	based on a scale from 1 to 5	(1 meaning low	
Will you	ı be able to m	eet the following requirement	ts?				
Yes	No	Pre-Challenge Assessme	nt, Wednesda	ay, June 24, 5	pm-7 pm		
Yes	No	Overnight stay for the HH	C Retreat beg	ginning 5 p.m.	on August 7 - 2 p.m. on Aug	just 8	
Yes	No	Wednesday evening mee	tings, 5:30 – 7	7:00 p.m., Au	gust 12– November 4		
	No						
	No						
	No						
Yes	No	Obtain a signed release fi	rom your med	ical provider t	o participate		

How did you hear about the program? (circle one) Love Your Heart Expo Friend Email Tapestry Other

In 100 words or less, what is your top health GOAL:
In 200 words or less, describe why you want to participate in Her Heart Challenge:
in 250 words of 1655, describe willy you want to participate in fiel flear challenge.
Do you foresee any barriers to your participation in the program?
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, or scanned and e-mailed to sarah.mohrman@parkview.com .