Health Foundations Prescription

Name: [my name]

From [start date] for [time period] I will...

(Tick all the areas you will focus on.)

Nutrition

[ ] Minimise or stop eating sugar

[ ] Minimise or stop eating refined carbohydrate

[ ] Minimise or stop eating ultra-processed food

[ ] Drink adequate water

[ ] Follow a ……diet

[ ] Mostly eat real food

[ ] Eat adequate protein

[ ] Reduce snacking

[ ] Time-restricted eating (intermittent fasting)

[ ] My choice ……

Movement

[ ] Move every 1-2 hours when awake

[ ] Do resistance activity at least twice a week

[ ] Do aerobic activity every day

[ ] My choice ……

Sleep

[ ] Allow time for 7 to 9 hours sleep

[ ] Have a regular bedtime and wake-up time

[ ] Avoid caffeine after 2pm

[ ] Reduce alcohol

[ ] My choice ……

Mindset

[ ] Notice one helpful action I take each day

[ ] Connect with someone like-minded

[ ] Learn something new each week

[ ] Enjoy a hobby

[ ] My choice ……

I will review my progress and renew my Health Foundations Prescription on [review date] .

Signed..... Date.....