WEARABLE TECHNOLOGY DATA

Please provide information regarding your wearable technology use. The information you provide may be used by your provider to make decisions about your care.

Do you regularly use wearable health technology, such as an Apple Watch or Fitbit?

Yes _____   No _____

Would you like to share this information with your provider?

Yes _____   No _____

If you checked yes, please share your wearable health technology information below.

Resting heart rate: _____

Average sleep time for last week: : _____

Average daily steps: : _____

Average daily calorie intake: : _____

Average activity minutes for last week: : _____

Anything additional you'd like to share (water intake, calorie intake, etc.)?:

_____

_____

_____

Professional
S O L U T I O N S