

Metabolic Health Risk Assessment

Date: _____

Dear [Patient's Name],

We are pleased to provide you with a comprehensive metabolic health risk assessment as part of your preventive health screening. This assessment aims to identify potential health risks related to metabolic conditions such as obesity, diabetes, hypertension, and dyslipidemia.

Assessment Overview

Your screening includes the following evaluations:

- Body Mass Index (BMI)
- Blood Pressure Measurement
- Fasting Blood Glucose Level
- Lipid Profile (Cholesterol Levels)

Results Summary

Your results indicate the following:

- BMI: _____ (Normal/Overweight/Obese)
- Blood Pressure: _____ (Normal/Hypertensive)
- Fasting Glucose: _____ (Normal/Pre-diabetic/Diabetic)
- Lipid Levels: _____ (Normal/Elevated)

Recommendations

Based on your assessment results, we recommend the following:

- Regular physical activity
- Balanced dietary plan
- Follow-up screening in [insert time frame]
- Consult with your healthcare provider for personalized advice

Thank you for participating in this important health screening. Your proactive approach to health is commendable.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]
[Contact Information]