Sana
LIFESTYLE

Take care of your heart — it takes care of you.



The changes your physician recommends — made simple, one step at a time, with the support to make them stick.

Free program

Physician information
The program, protocol & guideline:
sanalifestyle.com/physicians

Completing this sheet is not a delegation of care, and it creates no treating relationship between Sana and your patient.

Sana Heart Health Program
Based on the 2025 AHA / ACC High Blood Pressure Guideline

Measuring BP at home

The American Heart Association's method — a reading taken any other way can be out by 10 mm Hg or more.



1. **Upper-arm cuff**, right size for your arm. Omron, A&D Medical or Microlife. Not a wrist, finger or watch device.
2. **Before you measure:** morning, after emptying your bladder, before medication or food. No caffeine, smoking or exercise for 30 min. *If it has to wait, don't let your medication wait too.*
3. **Sit** with your back supported, feet flat, legs uncrossed. Rest 5 minutes first.
4. **Cuff on a bare arm**, bottom edge just above the elbow, arm resting on a table so it's level with your heart.
5. **While it reads:** don't talk, use your phone, or watch TV.
6. **Two readings, a minute apart, at the same time each morning.**

Call 911 now

if you have any of these symptoms:

- **chest pain**
- **shortness of breath**
- **weakness or numbness**
- **trouble speaking**
- **a change in vision**

Source: AHA / ACC High Blood Pressure Guideline, 14 Aug 2025 (Table 12; measurement from Figure 4). Exact wording: sanalifestyle.com/guideline. Vessel-lining evidence: Gkaliagkousi et al., J Hypertens 2009;27:2310–2320; Papada et al. (HINTreat), Nutrients 2020.

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Ready to start? It's free.

Here's what you get:

- ✓ **Support to make change stick** — personalized to your Change Type, so the plan fits how you change.
- ✓ **Daily blood-pressure and activity tracking** in the app — easy, it shows you how.
- ✓ **A personal coach** — a welcome call to set you up, then text support any time.
- ✓ **Weekly webinars** for knowledge and inspiration.
- ✓ **A buddy and support circle** *(optional)* — people like you, on the same journey.

You'll need an upper-arm BP cuff for your daily readings.

Scan the code, or go to
sanalifestyle.com/start

Code: PILOT

About 2 minutes.

Sana Heart Health Program instructions

Based on the 2025 AHA hypertension guidelines

Patient sign-up
scan, or go to sanalifestyle.com/start · code PILOT

Copy your physician's instructions into the digital form, or upload a photo of this page

PATIENT LEGAL NAME

First name _____

Last name _____

Not suitable if

- BP is 180/120 or higher today
- pregnant or planning pregnancy
- blood pressure swings widely (labile)
- any condition that makes the standard AHA targets unsafe

PLAN

Target BP — below _____/_____
if left blank, AHA guideline of 130/80 is used

BP medicine, times per day: ☐ 0 ☐ 1 ☐ 2 ☐ 3
☐ More than 3 — how many a day? _____

Escalation threshold — alert if BP reaches _____/_____
if left blank, AHA guideline of 180/120 is used

PHYSICIAN

First name _____
Last name _____
Signature _____ Date _____

By signing, I confirm this patient is suitable and this plan is my direction.

☐ **Keep me informed about this patient.**
Email me when their monthly progress report is ready, and when they record a reading at or above the escalation threshold set above. Reports open in a secure Sana account. Patient information is never sent by email.

Your email _____

The change — what to aim for	Impact & limits — avg. drop in systolic BP, mm Hg	Your physician's plan (leave blank to include)
WEIGHT		
Lose weight If above ideal weight, lose at least 5%.	6–8 **Not** if underweight, frail, or losing weight unintentionally.	☐ exclude Comment: _____ Target weight _____ lb / kg (circle unit) · if left blank, AHA target of 5% loss is used
FOOD & DRINK		
DASH diet (plant-rich) More veg, fruit, nuts, whole grains; less sugar & processed.	5–8 **Allergies:** ☐ nuts ☐ (shell)fish ☐ dairy ☐ gluten ☐ soy ☐ legumes	☐ exclude Comment: _____
Less salt Under 2,300 mg sodium a day — under 1,500 is better.	6–8 **Not** if the patient is on lithium — lithium needs a steady salt intake.	☐ exclude Comment: _____
Salt substitute Swap ordinary salt for a potassium salt substitute.	5–7 **Not** in chronic kidney disease (any stage) or hyperkalemia.	☐ exclude Comment: _____
More potassium 3,500–5,000 mg a day from food — leafy greens, beans, potatoes.	6 **Not** in chronic kidney disease (any stage) or hyperkalemia. **WARFARIN** ☐ keep vitamin K (leafy greens) steady, do not increase.	☐ exclude Comment: _____
Less alcohol None is best. Else max 2/day (men), 1/day (women).	4–6	☐ exclude Comment: _____
EXERCISE		
Cardio (Aerobic) Brisk walking, cycling, swimming. 90–150 min a week.	4–8 **Not safe at the standard target?** Tick exclude to drop it, or keep it with no weekly target.	☐ exclude Comment: _____ ☐ Include, no weekly target Comment: _____
Strength (Resistance) Weights, bands or body-weight moves. 90–150 min a week.	2–7 **Not safe at the standard target?** Tick exclude to drop it, or keep it with no weekly target.	☐ exclude Comment: _____ ☐ Include, no weekly target Comment: _____
Isometric Handgrip 4 × 2 min, 3× a week. No gym needed.	5–10 **Not** while a BP reading is 180/120 or higher.	☐ exclude Comment: _____
STRESS		
Meditation Transcendental meditation — two 20-min sessions a day.	5–7	☐ exclude Comment: _____
Slow breathing Device-guided, under 10 breaths a minute, 15 min a day.	5	☐ exclude Comment: _____

Impact = avg. drop in systolic BP, mm Hg in adults **who already have hypertension** — across many people, measured differently, not directly comparable (2025 AHA/ACC, Table 12). The guideline lists **smaller** reductions for people who do not yet have hypertension. **Physician:** tick **exclude** to switch a change off.