

# CARDIOVASCULAR RISK ASSESSMENT SHEET

PRACTICE NAME \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB/Age \_\_\_\_\_

Cardiovascular History \_\_\_\_\_

Review of Systems/Symptoms \_\_\_\_\_

Social History \_\_\_\_\_

Children's Health Status \_\_\_\_\_

## Cardiovascular Risk Factors

Dyslipidemia No \_\_\_\_\_ Yes \_\_\_\_\_ Previous RX \_\_\_\_\_

Hypertension No \_\_\_\_\_ Yes \_\_\_\_\_ BP \_\_\_\_\_ Previous RX \_\_\_\_\_

Diabetes No \_\_\_\_\_ Yes \_\_\_\_\_ FBS/HbA<sub>1c</sub> \_\_\_\_/\_\_\_\_ Previous RX \_\_\_\_\_

Smoking Current \_\_\_\_\_ Previous \_\_\_\_\_ Never \_\_\_\_\_  
Cigs/Day \_\_\_\_\_ Year Quit \_\_\_\_\_ Previous Cessation Methods \_\_\_\_\_  
Pack Years \_\_\_\_\_ Pack Years \_\_\_\_\_ Previous Longest Cessation Success \_\_\_\_\_

Fam Hx CAD No \_\_\_\_\_ Yes \_\_\_\_\_

Menstrual Status: Premenopausal \_\_\_\_\_ Perimenopausal \_\_\_\_\_ Postmenopausal \_\_\_\_\_

## Lifestyle & Past Medical History

Physical Activity \_\_\_\_\_ Weight History @ age 20 & low/high \_\_\_\_\_

Initial Diet None \_\_\_\_\_ AHA \_\_\_\_\_ DASH \_\_\_\_\_ Vegetarian \_\_\_\_\_ Other \_\_\_\_\_

Alcohol Use \_\_\_\_\_ Stress Source/Mgmt \_\_\_\_\_

Thyroid Dis No \_\_\_\_\_ Yes \_\_\_\_\_ Cancer No \_\_\_\_\_ Yes \_\_\_\_\_

Liver Dis No \_\_\_\_\_ Yes \_\_\_\_\_ Bleeding Dis No \_\_\_\_\_ Yes \_\_\_\_\_

GI Dis No \_\_\_\_\_ Yes \_\_\_\_\_ Headaches No \_\_\_\_\_ Yes \_\_\_\_\_

Renal Dis No \_\_\_\_\_ Yes \_\_\_\_\_ Insomnia No \_\_\_\_\_ Yes \_\_\_\_\_

Past Surgeries \_\_\_\_\_ Other \_\_\_\_\_

Other Family History \_\_\_\_\_

## Current Medications

\_\_\_\_\_ Allergies \_\_\_\_\_

## Baseline Physical Examination

Blood Pressure \_\_\_\_\_ Heart Rate \_\_\_\_\_

WT \_\_\_\_\_ HT \_\_\_\_\_ BMI \_\_\_\_\_ Waist/Circumference \_\_\_\_\_

Cardiovascular Test Results \_\_\_\_\_

## CARDIOVASCULAR RISK ASSESSMENT SHEET

PRACTICE NAME \_\_\_\_\_ Date \_\_\_\_\_  
 Patient Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Referred By \_\_\_\_\_

**Chief Complaint/Reason for Evaluation:**

| HISTORY OF PRESENT ILLNESS | Risk Factors For CAD  |
|----------------------------|-----------------------|
|                            | Fam Hx _____          |
|                            | Smoking:Pks/Yrs _____ |
|                            | Quit _____            |
|                            | Dyslipidemia _____    |
|                            | DM _____              |
|                            | HTN _____             |
|                            | ETOH _____            |
|                            | Inactivity _____      |
|                            | Stress _____          |
|                            | Weight _____          |
|                            | Other _____           |

**Women Only**

Pregnant ( ) Yes ( ) No: Planning Pregnancy ( ) Yes ( ) No: G\_\_P\_\_ Postmenopause ( ) Yes ( ) No

### PAST MEDICAL / SURGICAL HISTORY

| Hospitalization or Surgery | Current Medications |
|----------------------------|---------------------|
| Reason _____ Date _____    |                     |
|                            |                     |
|                            |                     |
|                            |                     |
|                            | Allergies           |

**Medical History**

**Review of Symptoms**

|                       |                   |                    |                  |                  |
|-----------------------|-------------------|--------------------|------------------|------------------|
| <b>Cardiovascular</b> | ( ) CAD           | ( ) Cardiomyopathy | ( ) Valvular Dz  | Wt chg           |
|                       | ( ) CHF           | ( ) Arrhythmia     | ( ) RHD          | Dyspnea          |
| <b>Respiratory</b>    | ( ) COPD          | ( ) Pulm Embolism  | ( ) Cough        | Chest Pain       |
| <b>GI/GU</b>          | ( ) PUD           | ( ) Hepatitis      | ( ) Prostate     | Peripheral Edema |
| <b>Renal/Endo</b>     | ( ) Renal Failure | ( ) Thyroid        |                  | Abdomen          |
| <b>Periph Vasc</b>    | ( ) Carotid ASO   | ( ) AAA            | ( ) Claudication | Numbness ext     |
| <b>Neurological</b>   | ( ) CVA/TIA       | ( ) Seizure        | ( ) Migraine HA  | Freq UTI         |
| <b>Heme/On.</b>       | ( ) Anemia        | ( ) Cancer         |                  | Mental Health    |

| FAMILY HX | Alive/Well | Deceased | HTN | CAD | Stroke | PVD | Diabetes | Age/Cause of Death |
|-----------|------------|----------|-----|-----|--------|-----|----------|--------------------|
| Father    | ( )        | ( )      | ( ) | ( ) | ( )    | ( ) | ( )      | _____              |
| Mother    | ( )        | ( )      | ( ) | ( ) | ( )    | ( ) | ( )      | _____              |
| Siblings  | ( )        | ( )      | ( ) | ( ) | ( )    | ( ) | ( )      | _____              |
|           | ( )        | ( )      | ( ) | ( ) | ( )    | ( ) | ( )      | _____              |

## PRIMARY PREVENTION ASSESSMENT TOOL

Risk factor assessment in adults should begin at age 20. The following should be assessed at every office visit:

### 1. Family history

Age \_\_\_\_\_ Lipids \_\_\_\_\_ HTN \_\_\_\_\_ MI \_\_\_\_\_ CVA \_\_\_\_\_ DM \_\_\_\_\_ Renal \_\_\_\_\_  
 Age \_\_\_\_\_ Lipids \_\_\_\_\_ HTN \_\_\_\_\_ MI \_\_\_\_\_ CVA \_\_\_\_\_ DM \_\_\_\_\_ Renal \_\_\_\_\_  
 Age \_\_\_\_\_ Lipids \_\_\_\_\_ HTN \_\_\_\_\_ MI \_\_\_\_\_ CVA \_\_\_\_\_ DM \_\_\_\_\_ Renal \_\_\_\_\_  
 Age \_\_\_\_\_ Lipids \_\_\_\_\_ HTN \_\_\_\_\_ MI \_\_\_\_\_ CVA \_\_\_\_\_ DM \_\_\_\_\_ Renal \_\_\_\_\_  
 Age \_\_\_\_\_ Lipids \_\_\_\_\_ HTN \_\_\_\_\_ MI \_\_\_\_\_ CVA \_\_\_\_\_ DM \_\_\_\_\_ Renal \_\_\_\_\_  
 Age \_\_\_\_\_ Lipids \_\_\_\_\_ HTN \_\_\_\_\_ MI \_\_\_\_\_ CVA \_\_\_\_\_ DM \_\_\_\_\_ Renal \_\_\_\_\_

2. Smoking status not smoking \_\_\_\_\_  
 smoking \_\_\_\_\_ amount \_\_\_\_\_ ppd  
 advised to quit smoking \_\_\_\_\_

3. Diet Encourage fruits, vegetables, grains, low fat or nonfat dairy products, fish, legumes, poultry, lean meats, low sugar products.

4. Alcohol intake Amount/frequency \_\_\_\_\_ Type \_\_\_\_\_  
 advised to quit drinking alcohol \_\_\_\_\_

5. Physical activity Goal at least 30 minutes of moderate intensity physical activity on most days of the week (ie: brisk walk 15-20 minute per mile; resistance training with 8-10 different exercises; 1-2 sets per exercise and 10-15 repetitions at moderate intensity > 2 days/week).

6. Blood pressure Goal <140/90 \_\_\_\_\_  
 Goal <130/85 if renal insufficiency or heart failure \_\_\_\_\_  
 Goal <130/80 if diabetes \_\_\_\_\_  
 Encourage weight loss \_\_\_\_\_, sodium reduction \_\_\_\_\_,  
 moderate alcohol intake \_\_\_\_\_, physical activity \_\_\_\_\_.  
 Medication \_\_\_\_\_

7. BMI \_\_\_\_\_ Goal of 24 or less

8. Waist circumference \_\_\_\_\_ Goal Women <88 cm (<35 inches)  
 Men < 102 cm (< 40 inches)

9. Pulse (to screen for atrial fib) \_\_\_\_\_

10. Fast serum lipoprotein profile (or total and HDL cholesterol if fasting is unavailable)

Cholesterol \_\_\_\_\_ goal (<200)  
 Triglycerides \_\_\_\_\_ goal (<150)  
 HDL \_\_\_\_\_ goal (men ≥ 40) (women ≥ 50)  
 LDL \_\_\_\_\_ goal primary prevention optimal <100.

*Base on risk factors and Framingham Risk Assessment*

11. Fasting blood glucose (according to patients risk for hyperlipidemia and diabetes, at least every 5 y.; if risk factors are present, every 2 years) \_\_\_\_\_

AHA Guidelines for Primary Prevention of Cardiovascular Disease and Stroke: 2002 Update. Circulation. 2002; 106:388-391.