

# CARDIOVASCULAR RISK ASSESSMENT RETURN VISIT

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

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

**Current Medications** \_\_\_\_\_

## Global Risk Reduction Plan

**Dyslipidemia: Current Lipid Medications** \_\_\_\_\_

Side Effects \_\_\_\_\_

Compliance \_\_\_\_\_

**Current Lab Data** \_\_\_\_\_

**Lipid Medication Plan:** No Change \_\_\_\_\_

Change \_\_\_\_\_

New Medication Patient Education Given \_\_\_\_\_

## **Hypertension**

Current Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ HR \_\_\_\_\_ Reg/Irreg \_\_\_\_\_

BP Goal \_\_\_\_\_ BP Plan \_\_\_\_\_

## **Physical Activity**

Current Exercise \_\_\_\_\_ Exercise Goal \_\_\_\_\_

Exercise Plan \_\_\_\_\_

Current Diet \_\_\_\_\_ Diet Goal \_\_\_\_\_

Diet Plan \_\_\_\_\_

## **Weight**

Current Weight \_\_\_\_\_ Goal Weight \_\_\_\_\_

Weight Plan \_\_\_\_\_

## **Smoking**

Current Smoking Status: N/A \_\_\_\_\_ Current PPD \_\_\_\_\_ Quit Date \_\_\_\_\_

Smoking Plan \_\_\_\_\_

## **Diabetes**

Current FBG/HbA<sub>1c</sub> \_\_\_\_\_ / \_\_\_\_\_ Goal FBG/HbA<sub>1c</sub> \_\_\_\_\_ / \_\_\_\_\_

FBG/HbA<sub>1c</sub> Plan \_\_\_\_\_ / \_\_\_\_\_

**Return Visit Date** \_\_\_\_\_

**Labs Requested:** Lipid Panel \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Provider