

CARDIOVASCULAR RISK ASSESSMENT FLOW SHEET

PRACTICE NAME _____ Date _____

Patient Name _____

Clinic Dates						
Lipid/Chem						
Total Cholesterol						
Triglyceride						
HDL-C						
LDL-C						
TC/HDL						
Non-HDL Cholesterol						
SGPT/ALT						
CK						
ApoA/ApoB						
Glucose/HbA _{1c}						
Hct/Hb						
TSH/Free T4						
Uric Acid						
Creatinine/K ⁺						
Micro Albumin/Creatinine						
hs-CRP						
Homocysteine						
Lp(a)						
Ht _____ Wt _____						
BMI _____ Waist _____						
Blood Pressure						
Framingham Risk						
Lifestyle Habits						
Cigarettes/day						
Fruits & Veg/day						
Veg meals/wk						
Alcohol/wk						
Activity/min/wk						
Drug/Dose						
Secondary Prev						
ASA						
Ace Inhibitor						
Beta Blocker						
Lipid Meds						