CARDIOVASCULAR RISK ASSESSMENT FLOW SHEET

PRACTICE NAME _____ Patient Name _____ Date_____

DOB/Age _____C/V History _____

Check if present:
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Thyroid Disease
- ☐ Ulcer
- ☐ Gout
- ☐ Anemia
- ☐ Menopause (Pre/Peri/Post)
- ☐ Hormone Therapy
- ☐ Coumadin Therapy
- ☐ Immune Suppress
- ☐ Diabetes
- ☐ Other _____

Risk factors:

1. Family Hx _____ 2. HTN _____ 3. Smoking _____ 4. Other _____

5. Stress _____ 6. ETOH _____ 7. Overweight: Ht _____ Wt _____ BMI _____ 8. Inactivity _____

Baseline: TC _____ TG _____ HDL _____ LDL _____ ALT _____ CK _____ Goal Weight _____ Goal LDL _____

DATE	WT	TC	TG	HDL	LDL	ALT	GL/HbA_{1c}	DIET	EXERCISE	MEDS	THERAPEUTIC INTERVENTION