

Restricted

DH PMI Number



4001919298

Cardiovascular Risk Factor(s) Follow Up Record

Document ID



201812040125453

Patient name: _____

ZZZZ VVVV

Category: ☐ DM ☐ HT ☐ Lipid Disorder

Date: 04-12-2018

BW	BP	Urine	For DM only	Risk Factors	Clinical Assessment & Management
<div></div> kg	<div></div> mmHg	Micro Alb <div></div> mg/g	H'stix <div></div> mmol/L	<input type="checkbox"/> Drug Compliance <input type="checkbox"/> Poor Diet <input type="checkbox"/> Overweight <input type="checkbox"/> Smoker <input type="checkbox"/> Insufficient Exercise <input type="checkbox"/> Side Effect <input type="checkbox"/> Hypogly <input type="checkbox"/> Excess Drink Other <div></div>	<div></div>
BMI <div></div>	P <div></div> /min	Protein <div></div>	<div></div> hr.pp		
Risk Calculator					
Time period	10 years	Diabetes	<input type="radio"/> Yes <input type="radio"/> No	CHD:	
Age	98	LVH	<input type="radio"/> Yes <input type="radio"/> No	MI:	
<input checked="" type="radio"/> Male <input type="radio"/> Female		SIMD	20	Stroke:	
Cigarettes		Systolic BP	<div></div> mmHg	CVD:	
<input type="radio"/> Smoker <input type="radio"/> Non-smoker		Total chol	<div></div> mmol/L	CHD Death:	
Family history <input type="radio"/> Yes <input type="radio"/> No		HDL chol	<div></div> mmol/L	CVD Death:	
			Calculate Risk	BNF:	
				Assign:	
					<input type="checkbox"/> VA <input type="checkbox"/> Urine Protein <input type="checkbox"/> Dilate Pupil <input type="checkbox"/> ECG <input type="checkbox"/> Urine Albumin <input type="checkbox"/> Blood Tests
					FU <div></div>