

Cardiovascular Screening Checklist (Intervention group)

Complete this form for patients who between the ages of 40-74 years and who have consented to participate in the Cardiovascular Assessment Screening Program.

Visit 1



Patient data	MCP# _____	Study
Code _____		
	RHA _____	Date : _____

Demographic data:

Gender

- ☐ Male _____
- ☐ Female _____

Age _____ years

Marital status

- ☐ Married
- ☐ Living with partner
- ☐ Single
- ☐ Divorced
- ☐ Widowed

Sources of support (check all that apply)

- ☐ Spouse/partner _____
- ☐ Family _____
- ☐ Support group members _____
- ☐ Coworkers _____
- ☐ Friends _____
- ☐ Church group _____

- Other _____ (specify)

Level of education

- Less than high school
- High school diploma
- Undergraduate degree
- Master's degree or higher

Length of time knowing patient _____ (years)

Complete the following:

1. Focused cardiovascular health history

- ☐ **Family history premature coronary artery disease (CAD)** (father <55 years or mother <65 years when diagnosed)
- ☐ **CV risk conditions (check all that apply)**
 - Diabetes
 - Hypertension
 - Abdominal obesity
 - Inflammatory conditions (systemic lupus erythematosus, rheumatoid or psoriatic arthritis, ankylosing spondylitis, IBD). Specify:

 - COPD
 - CKD
 - Chronic HIV infection
 - Abdominal aneurysm
 - Erectile dysfunction
 - Obstructive sleep apnea
 - Eating disorders
 - Depression and other psychiatric disorders
 - Street drug use
 - For women only (polycystic ovary syndrome, history of delivery of macrosomic infant, oral contraceptives, hormone replacement therapy). Specify:

CV risk factors (check all that apply)

- Dyslipidemia

- Psychological stress
- Low socioeconomic status
- Ethnicity
 - Indigenous
 - African
 - Hispanic
 - South Asian ancestry
 - None of the above
- Alcohol intake_____ (daily)_____ (weekly)
- Smoking rate_____ (daily)_____ (pack years)
- Smoking using vape Yes/ No
- Street drug use. (please specify)_____
- List Current medications (include herbals/OTCs)

2. Complete the following physiological measurements:

- Height_____ (cm)
- Weight_____ (kg)
- Calculate BMI (use CASP Website)_____
- Waist circumference measurement (CASP Website) _____ cm
- Check BP Systolic____ mmHg Diastolic _____ mmHg
- Select BP Range
 - Low range (below 90/60mmHg)
 - Normal range (<130/80 mmHg (diabetes) or <140/90 mmHg)
 - High range (>130/80 mmHg (diabetes) or > 140/90 mmHg)
- Heart rate_____ (apical)
- Radial pulses equal bilaterally Yes/No
- Pedal pulses equal bilaterally Yes/No
- Auscultate heart sounds & record any abnormalities (S3, S4, murmurs, arrhythmias) _____

- Auscultate vascular bruits & location (eg. carotid, femoral)_____

3. At the end of Visit 1

- Give bloodwork and urinalysis requisition to patient (CBC, electrolytes, LFTs, fasting lipid profile, fasting blood glucose, A1C, TSH, ACR, eGFR)
- Arrange for a follow-up appointment

Pre-Visit 2

Review patient's blood work and urinalysis results and highlight abnormalities to communicate with patient during Visit 2

Access Framingham Score online calculator and calculate CVD risk on CASP Website

Level of CVD risk identified for patient (global risk)

- Low risk (<10% risk of having a CV event in next 10 years)
- Moderate risk (10-20% risk of having a CV event in next 10 years)
- High risk (>20% risk of having a CV event in next 10 years)

Determine "heart age" using online calculator from CASP Website

- Actual chronological age _____years
- Calculated heart age_____ years

Priority areas identified by NP

- 1.
- 2.
- 3.

Visit 2



Follow-up Patient-Centred Priority Areas

Date:_____

Priority area(s) determined with patient:

- 1.
- 2.
- 3.
- 4.



Individualized goals for My Healthy Heart Plan

- 1.
- 2.
- 3.
- 4.
- 5.



Follow-up management

Referrals to interprofessional team:

- ☐ Physician Yes/No
- ☐ Physician specialist Yes/No
- ☐ Dietician Yes/No
- ☐ Physiotherapist Yes/No
- ☐ Pharmacist Yes/No
- ☐ Public Health Nurse/ Community Health Nurse Yes/No
- ☐ Diabetes educator Yes/No
- ☐ Social work Yes/No
- ☐ Psychologist Yes/No
- ☐ Other _____

Further testing required

- ☐ Check BP with every visit (if appropriate)
- ☐ 12 lead ECG (only if indicated such as arrhythmias, proteinuria, reduced pulses, or vascular bruits and consistent with Choosing Wisely NL)
- ☐ Echocardiogram (if abnormal heart sounds present but not previously documented, apical pulse displaced, ventricular arrhythmias)

- ☐ If FBG 5.6-6.0 (plus > one risk factor), A1C 5.5-5.9% **OR** FBG 6.1-6.9 and A1C 6-6.4%, then order 2 hour PG in 75g OGTT test
- ☐ Other _____

Lifestyle change as recommended below (or specify otherwise for individual)

- ☐ Stress reduction strategies _____
- ☐ Alcohol use < 1-2 drinks/day or < 9 drinks/week for women, <14 drinks/week for men
- ☐ Tobacco use (cessation) _____
- ☐ Exercise (150 min/week vigorous moderate intensity) _____
- ☐ Sodium intake (<2000mg of sodium/5g of salt/day) _____
- ☐ Nutritionally balanced diet (low saturated fat, high fibre intake, whole grain cereals, low glycemic index foods, more fruits and vegetables, lean meats or alternatives (peas, beans and lentils), polyunsaturated and monounsaturated oils, Omega 3 fatty acids, avoid trans fats

- ☐ Obesity (non-judgmental approach, consult RD for counseling, if BMI > 35 with other comorbidities, bariatric surgery may be considered) _____
- ☐ Other recommendations _____

Counselling on behavior change

- ☐ Used readiness ruler Yes/No
- ☐ Reason Readiness Ruler not used _____
- ☐ Use motivational interviewing Yes/No
Please explain _____
- ☐ Encouraged self-management _____

Did you access any of the following resources or recommend any of these resources for this patient? (Check all that apply)

- ☐ CASP Website
- ☐ Smoker's Help Line
- ☐ Carrot Reward Program
- ☐ NL Health Eating Resource
- ☐ Heart & Stroke Foundation
- ☐ Dietitians of Canada

- ☐ Diabetes Canada
- ☐ Health Canada
- ☐ Hypertension Canada
- ☐ Physical Activity guidelines
- ☐ Canadian Mental Health Association
- ☐ C-CHANGE Guidelines

Did you prescribe any of the following medications?

- ☐ None
- ☐ Beta blocker
- ☐ Calcium channel blocker
- ☐ Ace inhibitor or ARB
- ☐ Diuretic
- ☐ Statin (LDL < 2.0 or 50% reduction with treatment)
- ☐ Antiplatelet (only if chronic stable angina, remote PCI, or CABG)
- ☐ Oral hypoglycemic agents or
- ☐ Insulin
- ☐ Other _____

Follow-up appointments scheduled?

- ☐ Appointment date _____ (date)
- ☐ Appointment date _____ (date)

Other comments:

! Initials _____

