

## Eligibility for Heart Health Screening Form (Part A)



Identify age-eligible patients

Code:

Name of clinic \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. The patient is between 40-74 years old                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The patient was given Heart Health Assessment Pamphlet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. The patient was given a consent form                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

☐ Date completed \_\_\_\_\_

☐ Clerk's initials \_\_\_\_\_

## Decision to Screen Form (Part B)



Decision to screen patient

Code:

Name of clinic \_\_\_\_\_

The patient will have heart health screening

☐ Yes

☐ No

If going to be screened, why?

Reasons:

- ☐ Initiated by patient
- ☐ Initiated by NP
- ☐ Patient has one or more risk factors for CVD  
(Dyslipidemia, hypertension, family history, stress, overweight or obesity, sleep apnea, excess alcohol use, smoking, or unhealthy diet)
- ☐ Other reasons

\_\_\_\_\_  
\_\_\_\_\_

If not going to be screened, why?

Reasons:

- ☐ Diagnosed cardiovascular disease (Angina, MI, Arrhythmia, CHF)
- ☐ Diagnosed cerebrovascular disease (previous TIA or CVA)
- ☐ Not interested in being screened at all
- ☐ Not interested in being screened today so another appointment has been arranged
- ☐ Recently screened (past three months)
- ☐ Other reasons:

☐ Initials \_\_\_\_\_

☐ Date completed \_\_\_\_\_