

# CARDIOVASCULAR RISK ASSESSMENT SHEET

Patient Name: {NAME: 'JOSE'}Date: 2021-09-30

Age: 21Sex: lalakiHeight:

21.0Weight: 21.0Waist:

21.0

## Cardiovascular Risk Factors

Diabetes No ✓ Yes

Woman Only

Pregnant Yes No: Planning Pregnancy Yes No: G \_ P \_ Postmenopause Yes No

PAST MEDICAL / SURGICAL HISTORY		
Hospitalization or Surgery		Medical History
Reason	Date	
None	None	None

Family HX	Name	Alive	Hypertension	CAD	Stroke	PVD	Diabetic	Age	Cause of Death
Mother	{name: 'joseph'}	yes	no	no	no	no	no	22	
Father	{name: 'jose'}	yes	no	no	no	no	no	20	

## PRIMARY PREVENTION ASSESSMENT TOOL

1. Smoking status not smoking: No  
smoking: yes amount: 2
2. Diet No
3. Alcohol intake Amount/frequency: 2
4. Physical activity yes
5. Blood pressure None

6.

Waist circumference

21.0

7.

Cholesterol

None

goal(<200)

HDL

None

goal (men ≥ 40) (women ≥ 50)

Diastolic

None

goal (men ≥ 40) (women ≥ 50)

HBA1C

None

8.

Risk

None

9.

Comment