ARE YOU AT RISK?

Every year, more women die from cardiovascular disease than from all forms of cancer. Yet, most cardiac events in women can be prevented with early detection, good lifestyle choices, and a physician’s care.

Patient Name: ________________________________
Daytime Phone Number: ______________________
Address: _____________________________________
E-Mail: ______________________________________

Preferred method to receive results:
☐ Mail to your mailing address  ☐ E-Mail

INSTRUCTIONS: Please answer the following questions. Please print clearly.

1. What is your age? _____ years
2. Do you smoke cigarettes?
   ☐ Yes  ☐ No  ☐ I don’t know
3. Do you have a healthy diet rich in fruits, vegetables, whole grains?
   ☐ Yes  ☐ No  ☐ I don’t know
4. Do you exercise regularly?
5. If YES, how many minutes a day?
   ☐ Yes  ☐ No  ☐ I don’t know
6. If YES, how many days a week?
   ☐ 1-2  ☐ 3-4  ☐ 5-7
7. How intense is your exercise?
   ☐ Mild, I take my time, don’t sweat
   ☐ Moderate, I sweat, my heart speeds up
   ☐ Vigorous, I sweat a lot and breathe hard
8. Have you ever been diagnosed with cardiovascular disease?
   ☐ Yes  ☐ No  ☐ I don’t know
9. Have you been diagnosed with high blood pressure or hypertension?
   ☐ Yes  ☐ No  ☐ I don’t know
10. Have you been diagnosed with high cholesterol or hyperlipidemia?
    ☐ Yes  ☐ No  ☐ I don’t know
11. Have you been diagnosed with diabetes or pre-diabetes?
    ☐ Yes  ☐ No  ☐ I don’t know
12. Has your mother or sister had a heart attack or stroke before age 65?
    ☐ Yes  ☐ No  ☐ I don’t know

We’re Only One Call Away

Call 522–4777 to schedule your individual Women’s Heart Disease Screening appointment.
Women’s Heart Disease Screening Program

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13. Has your father or brother had a heart attack or stroke before 55?
   ■ Yes  ■ No  ■ I don’t know

14. Do you experience the following? (check all that apply)?
   ■ Chest, Shoulder, Neck, Jaw pain with activity
   ■ Shortness of breath
   ■ Fainting or loss of consciousness
   ■ Palpitations (fluttering feeling in the chest)
   ■ Fatigue (excessive tiredness)
   ■ Leg pain when walking

15. Are you post menopausal (naturally or after hysterectomy)?
   ■ Yes  ■ No  ■ I don’t know

16. Have your ovaries been removed?
   ■ Yes  ■ No  ■ I don’t know

17. At what age were they removed?
   ___ years  ■ Not applicable

18. How long have you been on Hormone Replacement Therapy?
   ___ years  ■ Not applicable

19. Did you have high blood sugar or gestational diabetes during your pregnancy?
   ■ Yes  ■ No  ■ I don’t know

20. Did you have high blood pressure or preeclampsia during your pregnancy?
   ■ Yes  ■ No  ■ I don’t know

21. What is your typical blood pressure reading?
   ____/____  ■ I don’t know

22. What were your last cholesterol levels?
   Total ______
   LDL ______
   HDL ______

23. Was your fasting blood sugar less than 100?
   ■ Yes, <100
   ■ No, >100
   ■ I don’t know

Goal for Blood Pressure is less than 130/80.
Goal for Total Cholesterol is less than 200.
Goal for LDL Cholesterol is less than 100.
Goal for HDL Cholesterol is greater than 40.
Goal for fasting Blood Sugar is less than 100.

The risk of developing cardiovascular disease is increased by smoking cigarettes, less than 150 minutes a week of moderate exercise, an unhealthy diet, a prior diagnosis of cardiovascular disease, high blood pressure, diabetes mellitus, hyperlipidemia, a family history of premature cardiovascular disease and/or early menopause. If you have any of these risk factors, we recommend that you make lifestyle changes. Please see your primary care doctor to discuss your risk factors and ways to further reduce your risk, or if you have any symptoms that may suggest cardiovascular disease.

Disclaimer: This screening tool is intended to be used solely for the purpose of identifying and evaluating risk factors for cardiac or peripheral vascular disease. It is not intended to provide a medical diagnosis or constitute medical advice. An accurate diagnosis for cardiac or peripheral vascular disease can only be made by a physician after a complete evaluation, including physical exam.

We’re Only One Call Away

If you do not have a Primary Care Physician or Cardiologist, please ask for a referral today or call Straub at 522–4777.