



Account Number: _____

Patient Name (Print)

Date

Name of PCP: _____ Date of Last visit with PCP: _____

Am I at Risk for Heart Attack or Stroke?

Please check all that apply, past or present:

- Cigarette Smoker
- Unhealthy Diet
- Lack of Regular Physical Activity
- BMI > 25kg/m
- Family History of heart Disease or Vascular Disease
- Blood Pressure > 130/80
- Abnormal Lipids
- Lupus or Rheumatoid Arthritis
- Metabolic Syndrome (*waist circumference > 35; triglycerides > 150mg/dl; HDL < 50mg/dl; fasting glucose > 100mg/dl; blood pressure > 130/80*)
- Pregnancy Complications *including the development of high blood pressure, diabetes or delivering a preterm infant*