Heart Disease Risk Assessment Form

Patient Information

Name: John Doe

Date of Birth: 01/15/1970 Age: 53

Gender:

☑ Male

☐ Female

Contact Number: (555) 123-4567

Address: 123 Main Street, Anytown, USA

Medical History

Previous heart disease diagnosis:

☐ Yes

☑ No

If yes, please specify: _____

Family history of heart disease:

☑ Yes

☐ No

If yes, please specify: Father had a heart attack at age 60.

Existing medical conditions (e.g., diabetes, hypertension):

Hypertension

Lifestyle Factors

- Smoking status:
  - ☑ Never smoked
  - ☐ Former smoker
  - ☐ Current smoker

    If former or current smoker, indicate pack-years: _____
- Physical activity level (hours per week): 2 hours of brisk walking
- Dietary habits: Balanced diet with limited processed foods.
- Alcohol consumption (units per week): Occasional glass of wine.

Physical Examination:

- Blood Pressure (mm Hg):
  - Systolic: 140
  - Diastolic: 90
- Height (cm): 175
- Weight (kg): 78
- Waist Circumference (cm): 95
- BMI (Body Mass Index): 25.5

Blood Test Results

- Total Cholesterol (mg/dL): 210
- LDL Cholesterol (mg/dL): 130
- HDL Cholesterol (mg/dL): 45
- Triglycerides (mg/dL): 150
- Fasting Blood Glucose (mg/dL): 100

Assessment of Risk Factors

- Age: 53 years
- Gender:
  - ☑ Male
  - ☐ Female
- Ethnicity: Caucasian

Heart Disease Risk Score

- 10-Year Risk Score: 12%
- Risk Category:
  - ☐ Low
  - ☑ Moderate
  - ☐ High

Interpretation and Recommendations

- Interpret the risk score and provide explanations.
- Recommend lifestyle modifications, medications, or further tests as needed.

- Based on your risk score, you fall into the "Moderate" risk category.
- Your family history of heart disease and elevated blood pressure contribute to this risk.
- I recommend focusing on lifestyle modifications, including a heart-healthy diet, regular exercise, and stress management.
- Please consider discussing blood pressure management options with me during our follow-up appointment.

Follow-Up

Schedule a follow-up appointment on 03/15/2023 for reassessment and review of progress.

Healthcare Provider's Signature: Arthur Nephilim

Date: 01/15/2023