

S&L Cardiac Disease Screen

Check all that apply.

Name / MRN _____ Date _____ Age _____

- ☐ I have or had a heart condition
- ☐ My family history includes someone who has had a heart attack, stroke, or heart condition
 - ☐ Father or brother prior to age 55
 - ☐ Mother or sister prior to age 65
- ☐ I smoke or have smoked cigarettes within the past 3 months
- ☐ My blood pressure is greater than 120/80 mm Hg
- ☐ My cholesterol is more than 200 mg/dl
- ☐ My HDL (good cholesterol) is less than 40 mg/dl
- ☐ My LDL (bad cholesterol) is more than 130 mg/dl
- ☐ I take medicine for high cholesterol
- ☐ I have diabetes or a fasting blood sugar of 100 mg/dl or higher
- ☐ I take medicine to control blood my sugar
- ☐ My waist measures more than 35 inches or wait-hip ratio is greater than .80
- ☐ My BMI is greater than 25
- ☐ I do not exercise 30 minutes at least 3-5 days weekly
- ☐ During pregnancy, I had high blood pressure
- ☐ During pregnancy, I had high blood sugar (gestational diabetes)
- ☐ Pre-eclampsia
- ☐ I delivered a child pre-term (prior to 37 weeks)
- ☐ I am post-menopausal (no longer menstruate)
- ☐ I had my ovaries removed
- ☐ Currently or in the past, I received hormone replacement therapy (HRT)



Your Information

to help complete this questionnaire:

Blood Pressure: _____

Cholesterol: _____

HDL cholesterol: _____

LDL cholesterol: _____

Fasting blood sugar: _____

Waist circumference: _____

Waist - Hip ratio: _____

If applicable:

Age of menopause: _____

Age when ovaries were removed: _____

Type of hormone replacement therapy (HRT): _____

Length HRT was used in years: _____

Type and frequency of exercise: _____

For Clinician's Use:

Cardiac risk factors were shared with physician.

• Date: _____

• Physician(s): _____



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Women's Health Education