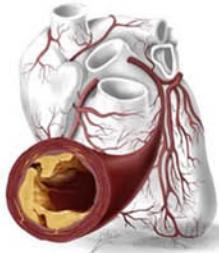


E

F CVD Risk

1 Initial-visit Assessment

Next Appt. / / 20....
For



Indication for use of this chart (mark):

- BMI ≥ 30 T. Chole ≥ 240
- FBS ≥ 100 BP ≥ 140/90

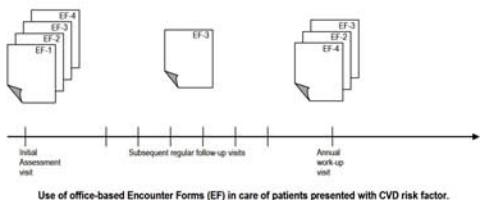
File no. Sex: M F

Name:

Tel:

DOB / Age /

Job:



For newly discovered High BP

Date	BP ₁	BP ₂	Average
1 st / /		
≥ 2 wks / /		
≥ 2 wks / /		

At rest, no smoking or coffee in last 30 min. 1-3 min apart

Current Symptoms:

- | | | | | | |
|------------------------------------|--|--|-----------------------------------|----------------------------------|--------------------------------------|
| <input type="radio"/> Hirsutism | <input type="radio"/> Palpitation + Sweating | <input type="radio"/> Easy bruising | <input type="radio"/> Sleep apnea | <input type="radio"/> Headache | <input type="radio"/> Muscle cramps |
| <input type="radio"/> Fatigability | <input type="radio"/> Claudication | <input type="radio"/> Polyuria | <input type="radio"/> Polydipsia | <input type="radio"/> Polyphagia | <input type="radio"/> Blurred vision |
| <input type="radio"/> Dizziness | <input type="radio"/> Numbness | <input type="radio"/> Recurrent infections (UTI, Thrush, Tenia, ...) | | | <input type="radio"/> Others: |

PMH: (When?)

- | | | | | | |
|--------------------------------------|--|----------------------------|-------------------------------------|------------------------------|-------------------------------|
| <input type="radio"/> Pre-eclampsia | <input type="radio"/> Gest. DM | <input type="radio"/> ODM | <input type="radio"/> Dyslipidaemia | <input type="radio"/> Angina | <input type="radio"/> Dyspnea |
| <input type="radio"/> Syncope | <input type="radio"/> Stroke | <input type="radio"/> OTIA | <input type="radio"/> Br.Asthma | <input type="radio"/> COPD | <input type="radio"/> OHTN |
| <input type="radio"/> OCCU admission | <input type="radio"/> Coronary catheterization | <input type="radio"/> Gout | <input type="radio"/> Impotence | | |

Family Hx: (Who / at what age?)

- | | | | |
|----------------------------|-------------------------------------|------------------------------|--|
| <input type="radio"/> OHTN | <input type="radio"/> Renal Disease | <input type="radio"/> OIH | <input type="radio"/> Premature CV Death |
| <input type="radio"/> ODM | <input type="radio"/> Dyslipidaemia | <input type="radio"/> Stroke | |

Drug Hx:

- | | | | | |
|---|---|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Anti HTN | <input type="radio"/> OCP | <input type="radio"/> NSAID | <input type="radio"/> Corticosteroids | <input type="radio"/> Decongestants |
| <input type="radio"/> Amphetamine (Job) | <input type="radio"/> Thyroid replacement | <input type="radio"/> Antidepressants | <input type="radio"/> Antipsychotics | |

Social Hx:

- | | | | |
|---|-------------------------------|-------------------------------|---------------------------------------|
| <input type="radio"/> Dietary Habits (Salt – Fat) | <input type="radio"/> Tobacco | <input type="radio"/> Alcohol | <input type="radio"/> Recent wt. gain |
| <input type="radio"/> Physical inactivity | <input type="radio"/> Stress | | |

Physical Exam:

- | | | | | | | | |
|---------|--|------------------------------------|---|--|----------------------------------|-------------------------------|------------------------------|
| BP | Lt. arm = | Rt. arm = | Standing (Elderly/DM) = | Pulse = | | | |
| General | Wt. = | Ht. = | BMI = | Waist = | | | |
| | <input type="radio"/> Xanthelasmata | <input type="radio"/> Hirsutism | <input type="radio"/> Neurofibromatosis | <input type="radio"/> Cushinoid | <input type="radio"/> Acromegaly | <input type="radio"/> Thyroid | <input type="radio"/> Striae |
| CVS | <input type="radio"/> Precordium | <input type="radio"/> Heart Sounds | <input type="radio"/> Carotid Bruit | <input type="radio"/> Radio-femoral Pulses | | | |
| Chest | <input type="radio"/> Bronchospasm | <input type="radio"/> OHF | | | | | |
| Abd | <input type="radio"/> Bruit | <input type="radio"/> Masses | | | | | |
| LL | <input type="radio"/> Edema | <input type="radio"/> Pulses | <input type="radio"/> Vibration | <input type="radio"/> Pin Prick | | | |
| CNS | <input type="radio"/> Focal Neurologic deficit | | | | | | |
| Eye | <input type="radio"/> O.V. acuity | <input type="radio"/> Fundi | | | | | |

Investigations:

- CBC FBS Chol LDL HDL Tg U+E Cr Uric Acid Ca Urinalysis ECG ?TFT CRP

Mark with ✓ if done or requested. Mark with ✓ if positive. Elaborate marked in space provided. Fill results in annual chart EF4 and flow chart EF3 where appropriate. Use EF2 for stratification of CVD risk. *Italics indicates possible secondary cause.*