

EF4 CVD Risk Annual Work-up



File no. Sex: M F
 Name:
 Tel:
 @DOB / Age /
 Job:

Diagnosis[®] 1 _____ on ___/___/20___ at _____
 Diagnosis[®] 2 _____ on ___/___/20___ at _____
 Diagnosis[®] 3 _____ on ___/___/20___ at _____
 Diagnosis[®] 4 _____ on ___/___/20___ at _____

Family Hx:
 DM F
 HTN M
 @Prem. CVD (S. Death, Stroke, MI, PAD,) B
 S
 O

Color Code
 Problem List

| Date (month / year) | Year | Year | Year | Year | Year | Year |
|---------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| @Smoking since cig./day | | | | | | |
| ³ Symptoms (complications and side effects); Family Hx. | | | | | | |
| @Weight / BMI (Ht ² =) | | | | | | |
| @Average BP (Last 3 Mon) | | | | | | |
| ³ P.E. General | | | | | | |
| @Peripheral pulses (radial, carotid, femoral, dorsalis pedis, posterior tibial) | | | | | | |
| @Foot (Inspect; Cap. Fill, SW Filament, T. Fork) | | | | | | |
| @Fundoscopy / Eye / V. Acuity | | | | | | |
| @ECG | | | | | | |
| @FBS / PPBS | / | / | / | / | / | / |
| HbA _{1c} | | | | | | |
| @Cholesterol / LDL / HDL | / / | / / | / / | / / | / / | / / |
| Triglycerides | | | | | | |
| ALT / AST | / | / | / | / | / | / |
| K ⁺ / Na ⁺ | / | / | / | / | / | / |
| @Creatinine / BUN | / | / | / | / | / | / |
| Uric Acid / Ca ⁺² | / | / | / | / | / | / |
| @Urine dipstick | K P S | K P S | K P S | K P S | K P S | K P S |
| @24h-Urine (Cr. Cl. / MAU) | / | / | / | / | / | / |
| @CRP | | | | | | |
| Others (if indicated) | | | | | | |
| Compliance ² | D [®] E M O | D [®] E M O | D [®] E M O | D [®] E M O | D [®] E M O | D [®] E M O |
| CVD Risk ¹ | | | | | | |
| Doctor's Initials | | | | | | |

CXR / IVP (..... / / 20.....) USS (..... / / 20.....) Ex.ECG / Echo (..... / / 20.....)

¹ Use CVD Risk Assessment Chart EF2 to estimate CVD Risk. [®] Needed for estimation of CVD risk. ³ Refer to EF-1 to help you exploring Hx and PE.
² D=Diet; E=Exercise; M=Medications; O=Others (Smoking/Hygiene/...). Mark with **X** = Non-compliant; / = Semi-compliant; O = Compliant.