

# Heart Disease and Stroke Risk Community Screening Form

Screening offered by: \_\_\_\_\_

**Please fill out the following information:**

**Sex:**  Male  Female      **Age** \_\_\_\_\_      **Screening Location** \_\_\_\_\_      **Date** \_\_\_\_\_  
**Race/Ethnicity:**  African-American     Hispanic     Middle Eastern     Caucasian     Other \_\_\_\_\_

**Please answer the questions below with either "yes or no." (\* indicates risk factors with borderline high cholesterol)**

<b>Personal History:</b> I have a history of coronary heart disease, heart attack, pulse irregularity, angina, stroke, carotid artery disease <b>or</b> TIA (mini-stroke). <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES*</div>	<b>Family History:</b> My father or brother had a heart attack before age 55 <b>or</b> my mother or sister had one before age 65; <b>or</b> my mother, father, sister, brother or grandparent had a stroke. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES*</div>
<b>Blood Pressure:</b> I have high blood pressure (140 systolic and/or 90 diastolic or higher), and/or am on medication for high blood pressure. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES*</div>	<b>Age and Gender:</b> I am a man over 45 years old <b>or</b> I am a woman over 55 years old <b>or</b> have passed menopause <b>or</b> had my ovaries removed. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES*</div>
<b>Total Cholesterol:</b> I have high total cholesterol (240 mg/dl or higher), and/or am on medication <b>or</b> a special diet for my cholesterol. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</div>	<b>Diabetes:</b> I have diabetes <b>or</b> need medicine to control my blood sugar. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES*</div>
<b>HDL Cholesterol:</b> I have an HDL that is less than 40 mg/dl. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES*</div>	<b>Overweight:</b> I am 20 pounds <b>or</b> more overweight for my height and build. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</div>
<b>Tobacco:</b> I currently smoke <b>or</b> live or work with people who smoke every day. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES*</div>	<b>Physical Activity:</b> I get less than a total of 30 minutes of physical activity on most days. <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</div>

**RELEASE:** By providing the foregoing information I represent that I understand and agree to the following: The information provided on this form is, to the best of my knowledge, complete and correct. Participation in this program may include taking a personal and family medical history, blood pressure readings, pulse rhythm check, cholesterol and or other tests; referring me to my health care provider and follow-up consultation. A low risk assessment is not a guarantee of good health, and participation in this program cannot substitute for consultation with a health care provider for any medical or health-related condition, or for regular physical examinations. I release and agree to hold harmless, the agency that is conducting or participating in this program, and any sponsors, their officers, directors, employees, agents, volunteers and representatives from any claims, liability or damages, including but not limited to personal injury or illness, arising in any way from my participation in this program. All medical information obtained in this program will be kept confidential and used by the agency for data collection and reporting in aggregate format.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Witness \_\_\_\_\_

\*\*\*\*\* **STAFF USE ONLY** \*\*\*\*\*

TEST	RESULTS	RECOMMENDED RANGES	REFERRAL LEVELS	REFERRED?
<b>BP</b>	<input type="checkbox"/> On treatment now? 1 <sup>st</sup> _____ / _____ 2 <sup>nd</sup> _____ / _____ 3 <sup>rd</sup> _____ / _____	<b>Ideal:</b> Less than 120 systolic & Less than 80 diastolic	<input type="checkbox"/> High: 140-179 systolic or 90-109 diastolic <input type="checkbox"/> Urgent: 180-209 systolic or 110-119 diastolic <input type="checkbox"/> Emergency: 210 + systolic or 120 + diastolic <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">                         Prehypertensive: 120-139 systolic &amp; 80-89 diastolic                     </div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Pulse Rhythm</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	If irregular, it can increase the risk of a stroke.	Advise to see health care provider if irregular and is a new finding.	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Chol. Total</b>	<input type="checkbox"/> On treatment now? _____ mg/dl	Total: Less than 200 mg/dl	Total; <input type="checkbox"/> High: 240 mg/dl or greater <input type="checkbox"/> Borderline High: 200-239 mg/dl. Refer if CHD history, diabetes or 2 or more risk factors(*)	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>HDL</b>	_____ mg/dl analyzer # _____	HDL: 40 mg/dl or greater 60 mg/dl or greater is <i>very desirable</i>	HDL; <input type="checkbox"/> 39 mg/dl or less	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>LDL</b>	_____ mg/dl	LDL: Less than 100 mg/dl	LDL; <input type="checkbox"/> 101 mg/dl or greater	<input type="checkbox"/> No <input type="checkbox"/> Yes

**ADVICE:**

See your doctor for further evaluation \_\_\_\_\_ within the next few days; \_\_\_\_\_ within the next few months \_\_\_\_\_ at your next visit  
**FOR**      **blood pressure**      **cholesterol**      **pulse rhythm**      **other** \_\_\_\_\_  
**To reduce your risks for cardiovascular disease consider making the following changes:**  
 quit smoking     lose weight     follow DASH diet     follow a low-salt diet     follow a low-fat diet     become more active

Other: \_\_\_\_\_

Screeener name: \_\_\_\_\_

Screening Program

This form was developed by the Michigan Department of Community Health and AHA for community screening programs in 2003 and updated 2010.

# ADVICE and INFORMATION

## Risk Status for Heart Disease and Stroke

If you answered 'Yes' to 2 or more of the boxes in the section of questions about health history and practices, then this may indicate that you would be at a higher risk for heart disease and stroke. Some risk factors can be changed by you, such as increasing your physical activity, decreasing your weight if you are overweight and stopping smoking. Making a commitment to take some steps to reduce the risk(s) is key. If you answered 'Yes' in questions for blood pressure, cholesterol or diabetes you may want to discuss your status with your health care provider. It is important to be aware of family health history that increases your risk. Although you cannot change these, use this information to be more aware of your risk, monitor your status and communicate that with your health provider. If your blood pressure and/or cholesterol is within recommended ranges today, keep up the good work. You should practice healthy habits that will continue to reduce your risk and have the readings checked on a regular basis in the future. Keep records of your readings.

## Blood Pressure and Cholesterol

Everyone has blood pressure and cholesterol but some individuals develop high readings that put them at risk for heart disease, stroke and kidney failure. If your readings were classified as high today, it is important that you make an appointment with your health care provider as indicated on the screening form. If you are already on treatment for high blood pressure or cholesterol, you should continue to follow the treatment program your health care provider has prescribed and be seen for regular ongoing follow-up since these conditions usually have no symptoms. High blood pressure and cholesterol can be controlled and if it is controlled, the risk of heart disease, stroke and kidney failure is reduced. If you were told your blood pressures were prehypertensive, keep it checked regularly. You can help reduce your blood pressure by maintaining a healthy weight, limiting salt in your diet and following a dietary program called the DASH diet. Ask your health care provider for more information or **go to the High Blood Pressure University website at [www.michigan.gov/cvh](http://www.michigan.gov/cvh)**.

## Pulse Regularity

An irregular pulse can indicate a chronic condition that can increase the possibility of clots forming and moving within the circulatory system to cause a heart attack or stroke. If you have an irregular pulse you should discuss this with your health care provider. Sometimes blood thinners are recommended such as aspirin or other drugs to prevent clots from forming.



**Know the warning signs of Heart Attack and Stroke.**  
**If you identify someone with these warning signs of heart attack or stroke....treat it as medical emergency!**

## Stroke



**DO NOT WAIT!** Call 9-1-1 or let someone do it for you.  
**DON'T DRIVE!** People who arrive in an ambulance get care faster.  
**ACT FAST!** You have a better chance of getting back to normal if you act fast and call 9-1-1!

## Heart Attack

**P**ain, chest pain.



**O**ther kinds of discomfort, ache in jaw, squeezing in chest, pain in arms or back.



**S**hort of breath, sweating, anxious.



**T**ime to get help fast and call 9-1-1!

