

PATIENT RISK ASSESSMENT

My Clinician: Name **Phone Number** A number of risk factors affect your heart health. Some you can control... some you can't. Every controllable risk factor is an opportunity to create a "health strength" for yourself. Take inventory of your risk factors and the actions you can take to positively impact your health. Controllable Risk Factors and Action Steps ☐ I don't feel like I get enough sleep each night (at least 8 hrs.) TAKE ACTION – Talk to your clinician about ways to ☐ I have diabetes improve your sleep habits, and explore if another **TAKE ACTION** – Work with your clinician to learn how to condition, like sleep apnea or insomnia, is affecting you. successfully manage your diabetes. □ I have a lot of stress in my life ☐ I smoke, or I am around people who smoke **TAKE ACTION** – Everyone experiences stress on some **TAKE ACTION** – Quit smoking and limit your exposure to level. How you deal with it is what matters. If you find second-hand smoke. yourself regularly stressed out, explore relaxation tech-□ I am not physically active niques to help manage your stress. **TAKE ACTION** – Start exercising! Just 30 minutes per day, **Uncontrollable Risk Factors** 4 days per week can have a lasting, positive impact on your health. ☐ I have heart disease ☐ I don't eat healthfully ☐ Members of my immediate family (siblings, parents) have some form of cardiovascular disease TAKE ACTION – Work with your clinician to develop an opti-☐ I am African American mal eating plan. ☐ I am not within 20 pounds of my recommended weight ☐ I am Hispanic **TAKE ACTION** – Work with your clinician to develop a ☐ I am a woman over 55 years old, or I am a healthy weight management plan that includes exercise and man over 45 years old nutrition. □ I have rheumatoid arthritis or lupus ☐ I have high levels of LDL cholesterol (greater than ☐ I had pregnancy complications including the 100 mg/dL), low levels of HDL cholesterol (less than development of high blood pressure, diabetes, 40 mg/dL) or high levels of triglycerides (greater than or delivering pre-term infant 150 mg/dL) Work with your clinician to come up with a plan of action **TAKE ACTION** – Make simple modifications to the types of for each of your risk factors. Use this to keep motivated, food you eat: go for whole grains, fruits and vegetables, and make notes, and jot down follow-up questions. lean proteins. ☐ My blood pressure is higher than 120/80 mmHg **My Heart Health Goals: TAKE ACTION** – Work with your clinician to develop a plan to control your blood pressure, and if you are on medication, follow the instructions!



