

CARDIOVASCULAR RISK ASSESSMENT

Date _____ (dd/mm/yy)

Patient label



Family history:

Relative	Event	Code	Age at event

Past medical events: (cardiac, vascular or renal, diabetes or hypertension)

Event	Code	Age at event

Risk factors: smoking history

- Current smoker : number per day number of years
 Ex-smoker : number per day number of years
year stopped
 Social smoker : number per month
 Never smoked

Height _____ cms Weight _____ kgs BP _____ / _____

Waist _____ cms BMI _____

- Codes: 1. Arrhythmia 5. DVT 9. Pulmonary HT 13. MI
 2. Atrial fibrillation 6. Other thrombosis 10. Heart failure 14. CABG
 3. Syncope 7. Pulmonary embolism 11. TIA 15. Other PCI
 4. Pacemaker inserted 8. Hypertension 12. CVA 16.