



## Heart Health Check risk assessment

Practice name:

Practice address:

State:  Postcode:  Phone:

GP name:

GP prescriber No:  GP provider No:

Assessment date:  /  /

### 1. Patient details

Name:  DOB:  /  /

Sex:  M  F  Other Age:

Ethnicity/cultural identity:

Verbal consent?  Yes  No

### 2. Patient history

#### Medical history

Diabetes:  Type 1  Type 2  Gestational

Hypertension:   During pregnancy

Familial hypercholesterolaemia:

Moderate or severe chronic kidney disease:

Albuminuria:  mcg/min Urine protein:  g/24hr

Urinary albumin:creatinine ratio:  mg/mmol eGFR:  mL/min/1.73m<sup>2</sup>

Atrial fibrillation:

Left ventricular hypertrophy (LVH):

Mental illness:

Allergies:

Other relevant history:



Current medicines (including prescription, over the counter and PRN medicines):

[Redacted text area]

**Family history**

CVD:

Details: [Redacted text area]

Diabetes:

Details: [Redacted text area]

Familial hypercholesterolaemia:

Details: [Redacted text area]

Other relevant history: [Redacted text area]

**3. Lifestyle**

You may like to refer to the **RACGP SNAP** guidelines when assessing lifestyle factors.

**Smoking status**

Current smoker?  Yes  No

Former smoker?  Yes  No If yes to either:

Year started: [Redacted] Year ended: [Redacted] No. packs per year: [Redacted]

**Diet**

Describe your diet: [Redacted text area]

How many portions of fruit and vegetables per day? [Redacted]

**Alcohol intake**

Describe your alcohol intake: [Redacted text area]

How many standard alcoholic drinks do you have per week?

0                      1-2                      3-4                      5-6                      7-9                      10+

**Physical activity**

How often do you exercise?

Rarely or never     1 to 2 days a week     3 to 4 days a week     Daily

What kind of exercise? [Redacted text area]



#### 4. Physical examination

Consider pre-treatment results for patients already on blood pressure lowering medicines.

Blood pressure:  /  mmHg

Heart rate:  bpm

Weight:  kg

Height:  cm

Waist circumference:  cm

BMI:  kg/m<sup>2</sup>

Notes:

#### 5. Investigations

Consider pre-treatment results for patients already on cholesterol lowering medicines.

##### Lipids

Date of investigation:  /  /

Total cholesterol:  mmol/L

LDL cholesterol:  mmol/L

HDL cholesterol:  mmol/L

Non-HDL cholesterol:  mmol/L

Triglycerides:  mmol/L

**Blood glucose:**  mmol/L

Date of most recent investigation  /  /

**HbA1c:**  mmol/mol or %

Date of most recent investigation  /  /

Notes:

#### 6. ECG (if applicable)

Most recent ECG date:  /  /

Details:



## 7. Absolute CVD risk calculation

Patient is clinically determined high risk of CVD if they have:

- i. Diabetes and age >60 years
- ii. Diabetes with microalbuminuria (>20 mcg/min or urinary albumin:creatinine ratio >2.5 mg/mmol for males, >3.5 mg/mmol for females)
- iii. Moderate or severe chronic kidney disease (persistent proteinuria or estimated glomerular filtration rate (eGFR) <45 mL/min/1.73m<sup>2</sup>)
- iv. A previous diagnosis of familial hypercholesterolaemia
- v. Systolic blood pressure ≥180 mmHg or diastolic blood pressure ≥110 mmHg
- vi. Serum total cholesterol >7.5 mmol/L

If the patient does not already fit the above high-risk criteria, calculate their absolute CVD risk score using the absolute CVD risk calculator embedded in your clinical software or at [cvdcheck.org.au](http://cvdcheck.org.au).

Risk score:  %

Risk of CVD event within the next 5 years:  Low (<10%)  
 Moderate (10–15%)  
 High (>15%) (Includes clinically determined high risk)

## 8. Management and follow-up

Does the patient require a Healthy Heart Plan?  Yes  No

Date of next consultation:  /  /

Recall added into clinical software:

Notes: