

Medicines (if appropriate)

What is the name of this medicine?

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Why do I need to take this medicine(s)?

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How long do I need to take my medicines for?

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.....

How often do I take my medicines?

Are there any side effects or interactions I need to be aware of?

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.....

What do I do if I accidentally miss a dose?

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.....

When will I get my medicines reviewed?

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.....

For more information:

Heart Foundation Helpline - 1300 36 27 87

heartfoundation.org.au/your-heart/women-and-heart-disease

General Wellbeing

Talk to the doctor about your general mood and feelings over the past few weeks. Mention if you have lost interest or pleasure in most of your usual activities or if you are experiencing feelings of isolation from family and friends.

Contraception

Oral contraceptives are usually safe for healthy young women. However, smoking while taking the oral contraceptive pill can increase the risk of heart disease, stroke and blood clots.

Talk to your doctor about how to quit smoking if taking oral contraceptives.

Pregnancy History

Tell the doctor if you experienced high blood pressure, pre-eclampsia or gestational diabetes during any of your pregnancies. If you did, ask your doctor to make a plan to monitor your heart disease risk factors.

Referrals

Sometimes your GP might refer you to see someone else, such as a dietician, physical activity professional, psychologist or cardiologist.

Ask if you need to take a referring letter and or complete any tests beforehand, and whether you make the appointment or the GP makes it on your behalf

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QUESTIONS TO ASK YOUR GP

...when you are having a **Heart Health Check**



**MAKING THE
INVISIBLE
VISIBLE**
#womenshearts



Visit details

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.....

Doctor's name

.....
.....

Date & Time

Family history and age

Does my family history put me at greater risk?

Yes No

Does my age put me at greater risk?

Yes No

Blood pressure

What is my blood pressure?

Current:/.....

What should my blood pressure be?

Ideal:/.....

How often should I have my blood pressure checked?

.....
.....

How can I lower my blood pressure?

.....
.....

Cholesterol

Am I due for a cholesterol test?

Yes No

What is my cholesterol?

TC / LDL / HDL:/...../.....

What do my cholesterol numbers mean?

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.....
.....
.....

What should my cholesterol goal be?

TC / LDL / HDL:/...../.....

What can I do to reduce my cholesterol?

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.....
.....
.....

Lifestyle

What lifestyle changes can I make to help manage my blood pressure or cholesterol levels?

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What types of physical activity can I do?

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.....

How much physical activity should I be doing?

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.....

What is my ideal healthy weight? kg

What can I do to stop smoking (if applicable)?

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Tests (if appropriate)

What is the name of this test?

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Why do I need this test?

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How is it done?

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Will it hurt?

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What are the benefits and risks?

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When will I get the results?

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.....

Will I need to stay in hospital?

Yes No