## Risk screening data collection form

Da	te:/Name		_
1.	Have you been told in the past that you have cardiovascular disease?	Yes	No
2.	Have you been told in the pat that you have diabetes or pre-diabetes (metabolic risk syndrome)?	Yes	No
3.	Are you on any medication for high blood pressure, high cholesterol or glucose metabolic disorder?	Yes	No
4.	Have you seen a physician for a routine check-up in the last year?	Yes	No

If no to all of the above, offer chairside screening tests for CHD and DM

## Chairside screening data:

Date:/	Nam	e	
1 Gender:	Male	Female	
2. Age (in years):			
3. Total cholesterol (mg/dl)		Normal range: 140-284 mg/dl (me 140-253 mg/dl	n)
(women)		_	
4. HDL cholesterol (mg/dl)		Normal range: 40-60 (mg/dl)	
5. Being treated for hypertension:	Yes	No	
6 Does patient smoke cigarettes:	Yes	No	
7. Blood pressure:	Systolic	Normal <120 mm F	Ig
	Diastolic	Normal <80 mm H <sub>2</sub>	g
Items 1-7 above are used in the Francisk calculator <a href="http://cvdrisk.nhlbi.ni">http://cvdrisk.nhlbi.ni</a>	_		
13. Framingham Risk Score (%)			
12. HgbA1c		·	
14. Medical referral given:	Yes	No	