

Cholesterol & Family Heart History

Confidential patient questionnaire

WHY WE'RE ASKING

Family history of high cholesterol and early heart disease is one of the strongest indicators of a patient's own cardiovascular risk. Your answers help us decide whether early screening or follow-up is appropriate. Your responses are confidential.

Who completed this survey?

Mother Father Both Parents Patient

PLEASE ANSWER EVERY QUESTION — CHECK YES OR NO

#	Question	Yes	No
1	Cholesterol Does the patient have a parent with a known cholesterol problem, or with total cholesterol greater than 240?	<input type="checkbox"/>	<input type="checkbox"/>
2	Family history — female relatives Does the patient have a mother, sister, grandmother, or aunt who had a heart attack, angina, stroke, coronary bypass surgery, angioplasty, or sudden cardiac death before age 65?	<input type="checkbox"/>	<input type="checkbox"/>
3	Family history — male relatives Does the patient have a father, brother, grandfather, or uncle who had a heart attack, angina, stroke, coronary bypass surgery, angioplasty, or sudden cardiac death before age 55?	<input type="checkbox"/>	<input type="checkbox"/>
4	Adoption Is the patient adopted?	<input type="checkbox"/>	<input type="checkbox"/>

Your responses are confidential. Please contact your provider if you have any questions about this form.