

Family History:

Hyperlipidemia Diabetes Early Coronary Artery Disease

Smoking History: *Does patient currently smoke?* No Yes – Number of cigarettes per day (1 pack = 20): _____

Alcohol Consumption: *Does patient currently drink?* – No Yes – Number of drinks per week: _____

Amount of Exercise: None Less than 30 minutes/day 5 days/week More than 30 minutes/day 5 days/week

Counseling:

Has the patient had counseling in Smoking/Alcohol Use/Exercise/Nutrition? Yes No

Smoking: No Yes, ineffective Yes, effective Date: _____

Alcohol Use: No Yes, ineffective Yes, effective Date: _____

Exercise: No Yes, ineffective Yes, effective Date: _____

Nutrition: No Yes, ineffective Yes, effective Date: _____

Vitals:

Date: _____ Systolic BP: _____ Diastolic BP: _____ Pulse: _____

Height: _____ Weight: _____ lbs. kgs. BMI: _____

Physical Exam:

Pertinent Others: _____

Current Labs:

Pre-treatment Cholesterol: _____ mg/dL Pre-treatment Triglycerides: _____ mg/dL

Pre-treatment HDL: _____ mg/dL Pre-treatment LDL: _____ mg/dL

Cholesterol: _____ mg/dL Triglycerides: _____ mg/dL

HDL: _____ mg/dL LDL: _____ mg/dL

Albumin: _____ gm/dL ALP: _____ U/L

ALT – SGOT: _____ IU/L AST – SGOT: _____ U/L

BUN: _____ mg/dL Creatinine: _____ mg/dL

Direct Bilirubin: _____ mg/dL Glucose: _____ mg/dL

Hemoglobin A1c: _____ % Total Protein: _____ g/dL

TSH: _____ uIU/ML

Other Comments: