Checklist for Patients



Has your health care provider talked to you about:

☐ Lifestyle changes to reduce the likelihood of another cardiovascular event (individually ask re: exercise, cardiac rehab, diet)?
\square Hypertension, diabetes, obesity, or other conditions that can make heart disease more likely?
☐ Your personalized risk for future cardiovascular events?
☐ Reducing your risk through diet, exercise, quitting smoking?
☐ Whether your cholesterol levels are adequately controlled?
☐ The need for medication (or additional medication) to reduce your cholesterol levels?
☐ If applicable, how therapies given in addition to statins are taken, how much they cost, or potential drug interactions?
☐ The need for a lipid panel (also called a complete cholesterol test or lipid profile)?
☐ Do I have a hereditary risk of cardiovascular disease running in my family (familial hypercholesterolemia)?
☐ Potential referral to a lipid specialist?
How ready are you to make lifestyle changes to prevent another cardiovascular event such as a heart attack or stroke? (Scale 1 - 10)
Why is preventing another cardiovascular event important to you?
What would make it difficult for you to make these changes?
What support do you have (or need) to help you take care of your cardiovascular disease?
What part of the lifestyle changes to reduce your risk would you like to work on between now and your next visit with your doctor?

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