Heart Health Check risk assessment

1. Practice details

Practice name: _____

Practice address: _____

State: _____ **Postcode:** _____ **Phone**: _____

GP name: _____

GP prescriber No: _____ **GP provider No:** _____

Assessment date: _____ / _____ / _____

2. Patient details

Name: _____

DOB: _____ / _____ / _____   **Age:** _____

Sex at birth: Male   Female

Ethnicity/cultural identity: _____ **Postcode:** _____

Verbal consent?   Yes   No

3. Patient medical history

Moderate-severe chronic kidney disease *(People with moderate-to-severe chronic kidney disease are automatically considered to be at high risk of CVD. This includes people with sustained eGFR <45 mL/min/1.73 m² or persistent uACR >25 mg/mmol (men) or persistent uACR >35 mg/mmol(women))*

Familial hypercholesterolaemia *(People with diagnosed familial hypercholesterolaemia (FH) are automatically considered to be at high risk of CVD. Treat according to Australian guidelines for managing FH. FH-specific calculators may be useful.)*

Family history of:

CVD   Details: _____

Diabetes   Details: _____

History of atrial fibrillation: Yes   No

Hypertension: Present   During pregnancy

Other relevant history: _____

_____

_____

_____

4. Physical examination & investigations

Blood pressure

Systolic blood pressure: _____ mmHg   **Diastolic blood pressure:** _____ mmHg

Lipids

Date of investigation: _____ / _____ / _____

Total cholesterol: _____ mmol/L   **LDL cholesterol:** _____ mmol/L

HDL cholesterol: _____ mmol/L   **Non-HDL cholesterol:** _____ mmol/L   **Triglycerides:** _____ mmol/L

Ratio of total cholesterol to HDL cholesterol: _____

Allergies: _____

Body mass index (BMI): _____   **Weight:** ____kg   **Height:** ____m   **Waist circumference:** ____ cm

Diabetes:

No diabetes   Type 1   Type 2*   Gestational

If Type 2 diabetes is present, please complete the below section:

Years since diabetes diagnosis: _____   **Glycated haemoglobin (HbA1C):** _____ mmol/mol OR _____ %

uACR: _____ mg/mmol   **eGFR:** _____ mL/min/1.73m^2 OR   eGFR ≥90

Use of insulin within the last 6 months?   No   Yes

5. ECG (if applicable)

Most recent ECG date: _____ / _____ / _____

Details: _____

6. Medications

Use of CVD medicines within last 6 months:

Blood pressure-lowering medicines   Antithrombotic medicines

Lipid-modifying medicines   None

7. Other lifestyle factors

Smoking status

Never smoked   Previously smoked   Currently smokes

Diet

Describe your diet: _____

_____

How many portions of fruit and vegetables do you consume per day? _____

Alcohol intake

Describe your alcohol intake: _____

How many standard alcoholic drinks do you consume per week?

   0   1-2   3-4   5-6   7-9   10+

Physical activity

How often do you exercise?

   Rarely or never   1-2 days a week   3-4 days a week   Daily

What kind of exercise? _____

8. CVD risk score (according to Aus CVD Risk calculator at cvdcheck.org.au)

Risk score: _____ %

Risk of a stroke or heart attack in the next 5 years: Low (<5%)   Intermediate (5 to <10%)   High (≥ 10%)

9. Risk reclassification factors

Reclassification factors are of most value when the person's risk lies **close to a risk threshold**, as a small shift in risk estimate may result in their risk being categorised in a different risk category.

Consider reclassifying down a category if:

   Coronary artery calcium score of 0

   East Asian ethnicity (Chinese, Japanese, Korean, Taiwanese or Mongolian ethnicities)

Consider classifying up a category if:

   Coronary artery calcium score > 99 units, or ≥ 75th percentile for age and sex

   First Nations people

   Māori, Pacific Islander or South Asian ethnicity
   (Indian, Pakistani, Bangladeshi, Sri Lankan, Nepali, Bhutanese or Maldivian ethnicities)

   Family history of premature CVD

   Chronic kidney disease

   People living with severe mental illness

Final CVD risk category: Low (<5%)   Intermediate (5 to <10%)   High (≥ 10%)

10. Management and follow up

Does the patient require a Healthy Heart Plan?   Yes   No

Date of next consultation: _____ / _____ / _____   Recall added into clinical software:

Additional notes: _____