McLAREN BAY REGION

HEART HEALTH and STROKE SCREENING
CONSENT/RISK ASSESSMENT FORM

Name: _____ ❑ Male ❑ Female

Address: _____ City: _____ Zip: _____ Race/Ethnicity: _____

Phone: _____ Email: _____ Date of Birth: ____ / ___ / ____

Age: _____

Height: _____ Weight: _____

Name and Address of Your Primary Care Physician:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Do You Want McLaren Bay Region to Send Your Screening Results to Your Physician? ❑ Yes ❑ No

Would you like to receive future health screening & program announcements? ❑ Yes ❑ No ❑ Already receive

How did you learn about this screening? _____

Medical History. Please circle either "yes" or "no" for each:

Do you have a previous history of any of the following medical conditions?

1.	Previous Stroke	Yes	No	6.	Atrial Fibrillation	Yes	No
2.	Previous Mini-Stroke (TIA)	Yes	No	7.	Heart Surgery	Yes	No
3.	Previous Heart Attack	Yes	No	8.	High Blood Pressure	Yes	No
4.	Heart Disease	Yes	No	9.	High Cholesterol	Yes	No
5.	Carotid Artery Disease	Yes	No	10.	Diabetes	Yes	No

Have any of your immediate family members (parents, siblings, children) been diagnosed with any of the medical conditions listed here? If so, please list: _____

_____

_____

Are you a current smoker? Yes No If yes, how much per week? _____

Do you consume alcohol? Yes No If yes, how much per week? _____

Release Form:

I understand that I am voluntarily requesting to participate in the McLaren Bay Region Heart Health & Stroke Risk Assessment Screening. The screening is being provided to assist me in identifying area(s) in my lifestyle that may contribute to poor health. I understand this screening includes drawing blood for cholesterol and glucose levels, an assessment of my pulse and blood pressure and my carotids assessed for bruits. I also understand the purpose and value of this program is primarily educational and is not meant to diagnose or treat any specific illness or disease. I also understand it is my sole responsibility to initiate a follow-up examination with my physician. I agree to voluntarily release McLaren Bay Region, their employees, agents, volunteers, and other persons acting in any capacity on their behalf, from any and all claims or causes of action which are in any way connected to my participation in this screening. I have read and understand the above information.

Participant Signature: _____ Date: _____

Assessments:

Sleep Disorder Risk Assessment & Recommendation

Risk: _____ Recommended Sleep Study ❑ Yes ❑ No

Blood Pressure Results & Recommendations

Blood Pressure: _____/_____ (left arm) _____/_____ (right arm)

Systolic Diastolic Systolic Diastolic

❑ Normal (Systolic: less than 120/Diastolic: less than 80)	Continue routine blood pressure checks
❑ Elevated (Systolic: 120-129/Diastolic: less than 80)	Follow-up with physician at next visit
❑ Hypertension: Stage 1 (Systolic: 130-139/Diastolic: 80-89)	Follow-up with physician within 1 week
❑ Hypertension: Stage 2 (Systolic: 140 or higher/Diastolic: 90 or higher)	Follow-up with physician immediately
❑ Hypertensive Crisis (Systolic: 180 or higher/Diastolic: 120 or higher)	Emergency care needed

Pulse Assessment

Pulse Rate: _____ ❑ Regular ❑ Irregular

Carotid Bruit Assessment

❑ Bruit Not Detected

❑ Bruit Detected (check box where detected) ❑ Right ❑ Left ❑ Both

❑ Bruit Screening Not Done

Cholesterol Results

Total Cholesterol: _____

❑ Desirable (Less than 200 mg/dL)

❑ Borderline High (200-239 mg/dL)

❑ High (240 mg/dL or higher)

Triglycerides: _____

❑ Normal (Less than 150 mg/dL)

❑ Borderline High (150-199 mg/dL)

❑ High (200-499 mg/dL)

❑ Very High (500 mg/dL and above)

LDL Cholesterol: _____

❑ Optimal (Less than 100 mg/dL)

❑ Near/Above Optimal (100-129 mg/dL)

❑ Borderline High (130-159 mg/dL)

❑ High (160-189 mg/dL)

❑ Very High (190 mg/dL and above)

*HDL Cholesterol: _____

Results for Women

❑ Low (Less than 50 mg/dL)

❑ More Desirable Level (50-59 mg/dL)

❑ High (60 mg/dL and above)

Results for Men

❑ Low (Less than 40 mg/dL)

❑ More Desirable Level (40-59 mg/dL)

❑ High (60 mg/dL and above)

**With HDL cholesterol, higher levels are better. Low HDL cholesterol puts you at higher risk for heart disease.*

Glucose Results

Glucose: _____

❑ Normal (70-99 mg/dL) ❑ Pre-Diabetes (100-125 mg/dL) ❑ Diabetes (126 mg/dL or higher)

Action Plan

See your doctor to check: ❑ Blood Pressure ❑ Pulse ❑ Carotid Bruit ❑ Cholesterol ❑ Glucose ❑ Sleep Study ❑ Other: _____

When: ❑ Immediately ❑ Within a week ❑ Within 3 months ❑ At your next scheduled visit

Other Considerations: ❑ Quit Smoking ❑ Exercise Program ❑ Healthy Eating ❑ Weight Reduction ❑ Other: _____

Notes: _____

_____

_____

_____

Screening Results Reviewed by: _____