

My pre-visit health snapshot

Fill in what you know. Leave anything unknown blank and bring your questions.

Name (optional)

Appointment date / clinician

01 / What I want help with

My main concern, goal, or change since my last visit:

02 / My recent results

Record values, units, and dates. Attach lab reports if easier.

Blood pressure / home range

LDL-C / non-HDL-C

HDL-C / triglycerides

ApoB / Lp(a), if tested

A1c / glucose

Other results to discuss

03 / What I am taking

Medications, doses, supplements, allergies, or a separate attached list:

My history & symptoms

Check what applies or what you want to discuss. A blank box does not mean "no."

04 / History worth sharing

- ☐ Family history of early heart disease or stroke
- ☐ Preeclampsia or high blood pressure during pregnancy
- ☐ Gestational diabetes
- ☐ Preterm delivery or another pregnancy complication
- ☐ Menopause timing, surgery, or menstrual changes
- ☐ High blood pressure, diabetes, kidney disease, or heart disease
- ☐ Tobacco / nicotine use or questions about stopping
- ☐ Sleep concerns, snoring, or diagnosed sleep apnea

Details: diagnosis, dates, relatives and their ages, or follow-up I have had:

05 / Symptoms I want to discuss

- | | |
|---|--|
| ☐ Hot flashes / night sweats | ☐ Palpitations / racing heart |
| ☐ Fatigue / sleep changes | ☐ Other symptoms |

What happens, when it began, frequency, duration, triggers, and impact:

Chest pain, severe breathlessness, fainting, or stroke symptoms need urgent evaluation.

Call 911 for a suspected emergency. Do not wait for a routine appointment.

My questions & visit plan

Choose the questions that matter to you. Make notes with your healthcare team.

06 / Questions to bring

- ☐ What does my history mean for my cardiovascular risk?
- ☐ What blood pressure and cholesterol goals fit my risk?
- ☐ Would additional testing change my care?
- ☐ Do my symptoms need evaluation or treatment?
- ☐ Which changes or treatments should we prioritize?
- ☐ When should we repeat testing or follow up?

My additional questions / what I most want answered:

07 / Notes from my visit

What we discussed and agreed to do:

Testing / follow-up date:

Who to contact with questions:

Tip: save a copy after filling it in. Bring it on your device or print it for your visit.