

# Cardiovascular Health Report Card

Robledo Medical & Aesthetic Treatment Center Phone (847) 677-7502 Fax (847) 677-7516

Name \_\_\_\_\_ Year \_\_\_\_\_

DATE							GOAL
Weight							
Waist Circumference							
Pulse							
Blood Pressure							
Total Cholesterol							
Triglycerides							
HDL (good)							
LDL (bad)							
Fasting Blood Sugar							
Glycohemoglobinn (A1C)							
Urine Protein							
BUN/Creatinine							
EKG							
Stress Test							
Echocardiogram							
Other Tests							
Other Tests							
Change in Medication							

Medical Conditions:  
(Circle)

High Blood Pressure  
Diabetes  
Stroke

High Cholesterol  
Heart Attack  
Carotid Art. Disease

Heart Failure  
Heart Bypass/Stent  
Peripheral Art. Disease

Smoker  
Atrial Fibrillation  
Valvular Disease

Other \_\_\_\_\_





