

# Cardiac Risk Assessment Form

## Patient Information

Full Name

Date of Birth

Age

Sex

## Medical History

History of Hypertension

History of Diabetes

High Cholesterol

Family History of Cardiac Disease

## Lifestyle Information

Smoking Status

Alcohol Consumption

Physical Activity

## Measurements

BMI

Blood Pressure (mmHg)

Total Cholesterol (mg/dL)

HDL Cholesterol (mg/dL)

Additional Notes

