Practice name:
Practice ID:

THE healthlines STUDY

BASELINE CARDIOVASCULAR RISK SCREENING FORM

Please refer to the Baseline CVD Risk Screening Instructions for details of how to conduct this screening and complete this form. Please complete the form clearly in PRINTED CAPITALS.

(1) Date of assessment appointment : _____ /_____ /_____

Demographics and Family History

(2) Patient's name: _____

(3) Date of birth: _____ /_____ /_____ (4) Age on day of screening: _____ years

(5) Gender: Male / Female (please circle) (6) Home postcode: _____

(7) NHS number: _____

(8) Ethnicity:

White	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Chinese
☐	☐	☐	☐	☐	☐	☐	☐

Other (please describe): ☐

(9) Does the patient have a parent, sibling or child who has had angina or a heart attack under the age of 60? Yes ☐ No ☐

(10) BMI

Height: _____ m Weight: _____kg BMI_____

Is BMI ≥30? Yes ☐ No ☐

Blood Pressure

(11) Is the patient currently being prescribed any antihypertensive medications? Yes ☐ No ☐ Unsure ☐

(12) **Blood pressure monitoring – four readings to be taken at 1 minute intervals**

		Systolic	Diastolic
Reading 1	Left Arm		
Reading 2	Right Arm		
Reading 3	From whichever arm was highest in Reading 1 & 2		
Reading 4	Same arm as Reading 3		
BP Result	Average of readings **3** & **4**		

Is average systolic BP ≥140? Yes ☐ No ☐

Smoking Status (complete Smokerlyzer test for ALL patients, including non-smokers):

(13) Does the patient currently smoke? Yes ☐ No ☐

Are they a current smoker? Yes ☐ No ☐

(14) If yes (current smoker), how many per day? < 1 ☐ 1-9 ☐ 10-19 ☐ 20-39 ☐ >40 ☐

(15) If no (i.e. current non-smoker), has the patient ever been a regular smoker? Yes ☐ No ☐

(16) **For ALL patients:** Please tick which number lit up on the Compact Smokerlyzer monitor when the test was done:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 (flashing red light) ☐

(17) Cholesterol

Only carry out a blood test if you have ticked YES in at least 1 of the 3 grey shaded boxes above (e.g. the patient MUST either have a BMI≥30, Systolic BP of ≥140, or be a current smoker).

Cholesterol test (total and HDL cholesterol) conducted within the last 3 months..... ☐ *Date of test:* : _____ /_____ /_____	*Record results here* Total Cholesterol: _____
Cholesterol test conducted using a finger prick test (if available in the practice)..... ☐	HDL Cholesterol: _____
Blood sample taken for laboratory testing..... ☐	***Put this form in the 'cholesterol pending' file.*** ***Phone or e-mail the research team when results are available.***

(18) Current Health (complete from the patient's medical records):

Has the patient been previously diagnosed with any of the following?	Yes	No	Date of diagnosis (DD/MM/YYYY
Type 1 Diabetes	☐	☐	____ /____ /_____
Type 2 Diabetes	☐	☐	____ /____ /_____
Chronic Kidney Disease	☐	☐	____ /____ /_____
Atrial Fibrillation	☐	☐	____ /____ /_____
Rheumatoid Arthritis	☐	☐	____ /____ /_____

(19) Assessor Details

Name of assessor: _____ Position: _____

Practice name:_____

Signature:_____ Date:_____