RISK FACTOR IDENTIFICATION

Identify your risk factors by checking the boxes and providing further information as indicated.

☐ Sedentary lifestyle. Most of my day is spent seated and I do not follow an exercise routine.
  Comments: ____________________________

☐ Diabetes. ☐ Type 1 ☐ Type 2 Year diagnosed: ____________
  ☐ Oral medication ☐ Insulin Diabetes Education: ☐ Yes ☐ No
  I test my blood sugar ___ per ___ day ___ week. Blood sugar range: ____________
  Date/result of last A1C: ____________
  (Bring testing supplies for the first two weeks of the program.)

☐ Stress. I feel I experience a high level of stress on a daily/near daily basis. Rate your stress on a scale of 1-10 (ten being the most stress), I rate my stress: _______.

☐ Reduced Interest/Feelings of Depression. More than half of the time I feel a reduced interest or have a hard time concentrating on activities I previously enjoyed, and feel down.

☐ Cholesterol: Last tested: ____________ Total Cholesterol: ____________ HDL: ____________ LDL: ____________ Triglycerides: ____________

☐ Family History of Cardiac Disease.
  ☐ Heart attack ☐ High Blood Pressure ☐ High Cholesterol ☐ Stroke
  Specify relation to, their approximate age at diagnosis, and type of heart disease: ____________________________

☐ Hypertension. (high blood pressure or pre-hypertension): ☐ Usually over 140/90 ☐ Usually over 130/80

☐ Smoking. ☐ I currently smoke ____ cigarettes/day. ☐ I smoked for ___ years, but I quit (year) _______.
  ☐ I choose not to quit smoking because: ____________

☐ Weight. Wt: ____________ Ht: ____________

For staff use only: BMI: ____________ Waist Circum. (inches): ____________ Weight loss goal: ☐ 5% ☐ 7% ☐ 10% ☐ ____________

☐ Alcohol. Number of drinks/week: ___ ☐ I used to drink alcohol but quit (year) _______.

WEIGHT HISTORY

Current Wt: ____________ Lowest Adult Wt: (last 10 years) ____________ Highest Adult Wt: ____________
  Recent weight change? ☐ Yes ☐ No If yes, explain: ____________________________
EXERCISE EXPERIENCE/FUNCTIONAL NEEDS:

☐ Use of walker  ☐ Use of cane  ☐ Need assistance

Current home exercise/hobbies (describe activities and how often you participate): __________________________________________

__________________________________________________________

Describe your physical activity in the last 6 months to 1 year: __________________________________________

__________________________________________________________

Employment plans/physical requirements for employment: ______________________________

Current restrictions specified by MD: __________________________________________

Nutrition Questionnaire: (Mark all that apply.)

1. Do you have any questions or need guidance regarding food choices, eating habits, and/or overall nutritional status?
   ☐ Implementing the guidelines of a low fat diet.  ☐ Implementing the guidelines of a low sodium diet.
   ☐ I need guidance learning how to read a food label.  ☐ Implementing more whole grains, fish, fruits, and vegetables.
   ☐ Other: __________________________________________

2. What is your main goal in making dietary changes?
   ☐ Lower blood pressure  ☐ Lower cholesterol  ☐ Control blood sugar  ☐ Weight loss
   ☐ Improve energy level  ☐ Other: __________________________________________

3. How frequently do you eat out or pick up food each week while on the go?
   ☐ Daily  ☐ 5 times  ☐ 2-3 times  ☐ Once  ☐ Less than once
   Meal(s) typically eaten out/on the run: ☐ Breakfast  ☐ Lunch  ☐ Dinner  ☐ Snacks

4. Do you currently consider any of the following when choosing foods to eat?
   ☐ low fat  ☐ low sodium  ☐ high fiber  ☐ diabetic carbohydrate counting  ☐ Other: _____________________________
   Please describe: __________________________________________

5. How many 8-ounce glasses of water do you drink daily? _____________. What other beverages do you drink?

6. Select the statement(s) that apply to you:
   ☐ I never really watched my dietary choices.  ☐ I plan my meals ahead of time and try to follow healthy guidelines.
   ☐ I read food labels to help guide my food selection.  ☐ I have recently made changes to my meal patterns/food choices.
   ☐ I want to make changes, but do not know where to start

7. Being as specific as possible, identify a goal that you most want to work to improve while in Cardiac Rehab. Use the risk factors identified to determine your goal.

__________________________________________________________

Please bring your insurance card and list of current medications (include dose and frequency) to your orientation.

Patient Label