

Date of Birth: January 4 1943
 Name: Mark P.

YOUR MEDICAL PASSPORT
CARING FOR YOURSELF
AFTER A HEART ATTACK



CARING for YOURSELF after a HEART ATTACK
YOUR "MEDICAL PASSPORT"

Name: Mark P. Date of MI: April 27 2001
 Age of first heart attack: 58
 Present age: 58

If you are not sure what a question means, leave it blank and discuss with your doctor.

Cardiovascular Risk Factors	Yes	No	Details (if known)
Do I have a history of...			
Cigarette Smoking? Average number per day ____ Age started ____ I am interested in stopping: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		✓	• Target is NO SMOKING (stopping smoking can reduce risk by 40-60%)
High Blood Pressure? If "Yes", I am on BP medication: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:	✓		• Target BP = 140/90 or less (high blood pressure may increase your risk by 50%)
Elevated Cholesterol? I follow a special diet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What interferes? <u>birthday party for son</u>			• HDL-C to Total Cholesterol ratio Target HDL-C/TC is less than 4 • Low LDL Cholesterol Target is 2.5 mmol/L or less
Limited Physical Activity? Do I walk <i>briskly</i> (or equivalent) for at least 30 minutes every day? (exercise programs can reduce risk by 25% and have other health benefits)		✓	Minutes walked per day: <u>10min</u> I want to increase my activity: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What interferes? <u>Time</u> Physical activities I do enjoy: <u>Golf, swimming</u>
Diabetes? If "Yes", I am on diabetes medication: <input type="checkbox"/> Yes <input type="checkbox"/> No I check blood sugars at home: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		✓	• Targets are HgbA _{1c} less than 7.0% • Fasting blood sugars 4.0-7.0 mmol/L
History of Congestive Heart Failure		✓	

PATIENT PASSPORT



FEEL FREE TO COPY THIS HANDOUT

