



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

_____ Date of Birth:

_____ Name:

**YOUR MEDICAL PASSPORT
CARING FOR YOURSELF
AFTER A HEART ATTACK**



PATIENT PASSPORT



FEEL FREE TO COPY THIS HANDOUT

Name: _____	Date of MI: _____
	Age of first heart attack: _____
	Today's date: _____
	Present age: _____

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: q Yes q No Comments:			• Target is NO SMOKING (stopping smoking can reduce risk by 40-60%)
High Blood Pressure? If "Yes", I am on BP medication: q Yes q No			• Target BP = 140/90 or less (high blood pressure may increase your risk by 50%)
Elevated Cholesterol? I follow a special diet: q Yes q No What interferes?			• 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: _____ I want to increase my activity: q Yes q No What interferes? Physical activities I do enjoy:
Diabetes? If "Yes", I am on diabetes medication: q Yes q No I check blood sugars at home: q Yes q No Comments:			• Targets are HgbA _{1c} less than 7.0% • Fasting blood sugars 4.0-7.0 mmol/L
History of Congestive Heart Failure			

ACTIVE MANAGEMENT PLANS

SYMPTOMS (Y=Yes, N=No)

MONITORING

MEDICATIONS
(Please note any problems taking or possible side effects)

Date (dd/mm/yy)	Chest Pain/Angina	Shortness of Breath	Changes in My Mood	Swelling Feet	Other	Blood Pressure	Weight	Physical Activity (Target = 30 minutes/day)	Diet: High fibre/Low fat	LDL Cholesterol (Target #2.5mmol/L)	TC/HDL-C (Target <4)	Other	
//_													ASA (80-325 mg/day) _____
//_													\$-Blocker _____
//_													Lipid Agent _____
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PLEASE KEEP A LIST OF ALL YOUR CURRENT MEDICATIONS WITH YOUR MEDICAL PASSPORT.