

_____ Date of Birth: _____
 _____ Name: _____

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



PATIENT PASSPORT



FEEL FREE TO COPY THIS HANDOUT



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

Name: _____ **Date of MI:** _____
 _____ **Age of first heart attack:** _____
 _____ **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			

