

Date of assessment: _____ Assessed by: _____ Organisation: _____	Risk Factor <i>(as per NZ Cardiovascular Risk Charts)</i> Mild – Lifestyle advice Moderate – Lifestyle advice and GP referral High–Very High – Lifestyle advice & GP referral
Assessed at <input type="checkbox"/> workplace <input type="checkbox"/> clinic <input type="checkbox"/> other _____	

Personal Information/Hospital Sticker

Full Name: _____ Telephone: _____

Address: _____

Age: _____ years Date of Birth: ___/___/___ Male / Female (please circle)

Ethnicity: Maori Pacific Island NZ European Asian Indian Other : _____

GP: _____ Practice: _____ Not enrolled, form provided

I understand information gathered during this assessment will be sent to Nelson Bays Primary Health to be shared with my GP.
 Signed: _____ (Client)

<p>Current Health</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Heart Disease <i>(Angina, heart attack, chest pain)</i></p> <p><input type="checkbox"/> Stroke / TIA</p> <p><small>Note: People with a previous CVD event, genetic lipid disorders or diabetes and neuropathy or renal impairment should be classified as ≥ 15 and referred to their GP₂.</small></p> <p>Family History</p> <p><input type="checkbox"/> Diabetes: Mother / Father / Sibling (Age at diagnosis : _____y)</p> <p><input type="checkbox"/> Heart Disease: Mother / Father / Sibling (Age at diagnosis : _____y)</p> <p><input type="checkbox"/> Stroke: Mother / Father / Sibling (Age at diagnosis : _____y)</p>	<p>Smoking Cessation</p> <p>Status</p> <p><input type="checkbox"/> Current Smoker (#137R)</p> <p><input type="checkbox"/> Ex-smoker – month and year stopped: ___/___ (#137S)</p> <p><input type="checkbox"/> Never Smoked</p> <p>Interventions</p> <p><input type="checkbox"/> Brief Advice Given (#ZPSB10)</p> <p><input type="checkbox"/> Commenced on cessation programme (ZPSC30)</p> <p><input type="checkbox"/> Client is interested in Quitting, Please follow up (ZPSC10)</p> <p><input type="checkbox"/> Cessation support declined</p>
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Results

Blood Pressure *(take two sitting blood pressures)* 1. ___/___ 2. ___/___

BMI - _____ Truncal Measurement: _____ cm (*<88cm female / <102 male*)

Total Cholesterol: HDL Ratio _____ *(less than 4)* HbA1C _____ Bloods taken – copy to GP

<p>Advice Given</p> <p><input type="checkbox"/> Cervical Screening</p> <p><input type="checkbox"/> Dietary</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Weight Management</p> <p><input type="checkbox"/> Smoking Brief Advice</p> <p><input type="checkbox"/> Immunisation/Comments: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Referrals Made:</p> <p><input type="checkbox"/> GP</p> <p><input type="checkbox"/> Green Prescription</p> <p><input type="checkbox"/> Quitline</p> <p><input type="checkbox"/> Self-Management Education (Diabetes, Cardiac)</p> <p><input type="checkbox"/> Kaiatawhai</p> <p><input type="checkbox"/> Other: _____</p>
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Comments: _____

Documents Attached Recall in place for _____

Fax to: Yvonne Youngman, NBPH 03 539 4958 **Send to:** Yvonne Youngman, NBPH, PO Box 1776, Nelson, 7040