

Follow-up sheet - Cardiovascular diseases

Record no. _____

Onset of the illness _____

Name _____

Risk factors: Smoking Alcohol Sedentary lifestyle High-salt diet
 Nephropathy Angina Infarction Heart failure
 TIA/CVA LVH Diabetes

Pneumococcal vaccine

	TARGET VALUES	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
BP							
Weight							
BMI	≤ 25						
Total cholesterol							
HDL-C							
LDL-C							
TC / HDL-C							
TG							
Blood glucose - fasting	< 6						
Creatinine							
K+							
AST / ALT / CK							
ECG							
Chest X-ray							
Echocardiography							
Peripheral pulses							
Cytology							
Mammogram							
Blood culture							
Flu vaccine							
DTaP vaccine (diphtheria, tetanus, pertussis)							

Appendix D