

Stroke Risk Assessment Form

State _____ Age _____ Over 89 Gender: Male Female
 Race/Ethnicity _____ Height _____ Weight _____

Uncontrollable Risk Factors: Age: 55+ ● Race: African American ● Gender ● Family History ● Previous Stroke or Heart Attack

Self	Family	Medical History (check all that apply to you or to any blood relative (parent, sibling, etc.))
<input type="checkbox"/>	<input type="checkbox"/>	Previous Stroke
<input type="checkbox"/>	<input type="checkbox"/>	Previous Mini-Stroke/TIA
<input type="checkbox"/>	<input type="checkbox"/>	Carotid Artery Disease
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure (current or history of)
<input type="checkbox"/>	<input type="checkbox"/>	Previous Heart Attack
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input type="checkbox"/>	Atrial Fibrillation
<input type="checkbox"/>	<input type="checkbox"/>	Heart Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Cholesterol (current or history of)
<input type="checkbox"/>		Current Smoker, how much _____ (packs/day) <input type="checkbox"/> Former smoker
<input type="checkbox"/>		Alcohol Consumption, how much _____ (drinks/day)

Assessments	Results Measured By: (signature) _____
Blood Pressure	____/____ Systolic/Diastolic ____/____ Systolic/Diastolic ____/____ Systolic/Diastolic ____/____ Avg: Systolic/Diastolic
Pulse Rate: _____	<input type="checkbox"/> Regular <input type="checkbox"/> Irregularly irregular
Carotid Bruits:	<input type="checkbox"/> Not detected <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> Not done
Cholesterol:	Total _____ HDL _____ LDL _____
Glucose level:	_____ mg/dL

Results Classification					
Blood Pressure Category	Systolic (mmHg)		Diastolic (mmHg)	LDL Cholesterol Level	
Optimal	Less than 120	and	Less than 80	Less than 100 mg/dL	Optimal
Normal	Less than 130	and	Less than 85	100-129 mg/dL	Near/above optimal
High Normal	130-139	or	85-89	130-159 mg/dL	Borderline high
Hypertension:				160-189 mg/dL	High
• Stage 1	140-159	or	90-99	190 mg/dL and above	Very high
• Stage 2	160-179	or	100-109		
• Stage 3	180 or higher	or	110 or higher		
Total Cholesterol Level				HDL Cholesterol Level	
Less than 200mg/dL		Desirable		Less than 40 mg/dL	Low
200-230 mg/dL		Borderline high		60 mg/dL or above	High
240 mg/dL		High		<i>(A high level of HDL lowers your CVD risk.)</i>	

Action Plan

See your doctor to check: Blood pressure Pulse Carotid bruits Cholesterol Glucose Other _____

When: Immediately Within a week Within a couple of days Within 3 months At your next scheduled visit

Review this form with a physician Consider an exercise program Quit smoking Lose weight

Have blood cholesterol checked Reduce alcohol intake Call 1-888-4-STROKE Keep up the good work!

If you have any of the symptoms below, CALL 9-1-1:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Notes: _____

RELEASE: By providing the foregoing information I represent that I understand and agree to the following: The information provided on this form is, to the best of my knowledge, complete and correct. Participation in this program may include taking a personal and family medical history, blood pressure measurement, pulse rate check and listening for carotid bruits; referring me to my doctor or other provider of medical care and follow-up consultation. A low risk assessment is not a guarantee of good health, and participation in this program cannot substitute for consultation with a physician or other medical professional for any medical or health-related condition, or for regular physical examinations. I release and agree to hold harmless, the hospital/health care site that is conducting or participating in this program, the American Stroke Association, the American Heart Association and any sponsors; their officers, directors, employees, agents, volunteers and representatives from any claims, liability or damages, including but not limited to personal injury or illness, arising in any way from my participation in this program. All medical information obtained through my participation in this program will be kept confidential and used by the American Stroke Association and the hospital or health care site identified above only for data collection and for reporting in aggregate format.