

test results at-a-glance

Cardiovascular Health and Monitoring Form

(high blood pressure, high cholesterol, heart attack or heart failure)

Name _____	Date of Birth _____					
DATE						Target Goal
Height/Weight						
Waist Circumference						
Pulse						
Blood Pressure						
Blood Glucose						
Total Cholesterol						
HDL (good)						
LDL (bad)						
Triglycerides						
Blood Potassium						
Kidney Tests						
Urinalysis						
BUN/creatinine						
INR*						
EKG**						
Cardiac Ultrasound						
Other Tests						
Other Tests						
Change in Medication or Treatment						

* blood clotting test on Coumadin

** carry a copy with you in your wallet, especially if abnormal