

Your/Your Child's High Cholesterol Visit – What to Expect, What to Ask



Your Name: _____ Your Relationship to the Child: _____

Are there specific concerns you want to discuss today? No Yes _____

Have there been any major changes in your family lately?

None Move Job Change Separation Divorce Death in the family New pet

Other? Describe: _____

General Health Information. Since Your Last Visit:

Yes No Unsure

Have you (or your child) had any major illness and/or hospitalizations?

Have you or anyone in your family (or your child's relatives) developed new medical problems?

Are there any changes to your (or your child's) medications?

Do you (or your child) smoke?

Do you or any adults who are around you (or your child) smoke (includes inside or outside the house)?

Do you (or your child) currently follow a low cholesterol diet?

No Yes, always Yes, sometimes Yes, seldom

Do you (or your child) check your blood pressure?

No Yes, everyday Yes, weekly Yes, every other week Yes, monthly

Do you (or your child) currently take medication for High Cholesterol?

No Yes Names of medication(s):

Ask your (or your child's) doctor about any specific concerns about high cholesterol.

Would you like to get more information on any of the topics below?

Medications/Treatments

- High Cholesterol Medicine
- Lab tests to check/monitor
- Weight loss
- Cholesterol specialist
- Herbal remedies

Symptoms/Complications

- Signs of High Blood Pressure
- Normal Range Cholesterol
- Complications of High Cholesterol
- High risk factors Cholesterol
- Causes of High Cholesterol

Health Promotion

- Smoking Cessation
- High Cholesterol Prevention
- Exercise routine
- When to call doctor
- Dental appointment

Nutrition

- Healthy diet
- Calorie intake
- Healthy snacks
- Decrease fat intake
- Alcohol intake

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.