

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

Your Name: \_\_\_\_\_ Your Relationship to the Patient: \_\_\_\_\_

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 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	Symptoms/Complications	Health Promotion	Nutrition
<ul style="list-style-type: none"> <li>High Cholesterol Medicine</li> <li>Lab tests to check/monitor</li> <li>Weight loss</li> <li>Cholesterol specialist</li> <li>Herbal remedies</li> </ul>	<ul style="list-style-type: none"> <li>Signs of High Blood Pressure</li> <li>Normal Range Cholesterol</li> <li>Complications of High Cholesterol</li> <li>High risk factors Cholesterol</li> <li>Causes of High Cholesterol</li> </ul>	<ul style="list-style-type: none"> <li>Smoking Cessation</li> <li>High Cholesterol Prevention</li> <li>Exercise routine</li> <li>When to call doctor</li> <li>Dental appointment</li> </ul>	<ul style="list-style-type: none"> <li>Healthy diet</li> <li>Calorie intake</li> <li>Healthy snacks</li> <li>Decrease fat intake</li> <li>Alcohol intake</li> </ul>

*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.*