

# HEART ATTACK RISK ASSESSMENT

---

CLINICAL TOOL

## How to Use This Tool

Enter the information from the form into the American Heart Associations' Heart Attack Risk Calculator and you can provide your patients with an invaluable way to understand the long-term benefits of maintaining a heart healthy lifestyle. This tool will also help showcase the clinical knowledge pharmacists possess by illustrating to patients how their medications can directly improve their cardiovascular health.

The questions provided on the form are in the same order and of the same content found on the online calculator. <https://cccccalculator.ccctracker.com>

Due to potential privacy concerns it is not recommended that you register on the AHA site to save the results UNLESS the patient would like to do so.

## How to Implement the Tool into Your Daily Workflow

Adding any new component is potentially daunting, but this clinical tool is designed to insert seamlessly into your daily workflow with as little interruption as possible.

**1.** Hand your patient the form to fill out while they wait to pick up their new or refill cardiovascular medication. Your patient will pass the time more quickly, while enhancing the service you already offer. When completed, your patient can return the form to either your drop-off or pick-up window where your technician can enter the information online in less than a minute.

### **Then use the online report in the following ways:**

- a.** Add the report to the consult on the new/refill medication and use it as a means to discuss the benefits of the medication.
- b.** Sit with your patient at a computer, or tablet if your pharmacy uses one, and show how the changes your patient makes to the parameters can alter their risk outcome

**2.** Bring the forms to any off-site events or clinics, and have patients fill them out while they wait. The online report could be filed out later and sent to them, or they could schedule a free consultation to discuss it.

**3.** Leave the forms at a local retirement community offering to complete the online report free of charge, for any forms that are returned to the pharmacy. This shows how you go above and beyond for your patients and truly care about their health.



PHARM  
FRESH



# PHARM FRESH

**Date of Assessment:** \_\_\_\_\_

**Your Pharmacist:** \_\_\_\_\_

Below is a series of questions designed by the American Heart Association to determine your risk of heart attack over the next ten years, as well as identify different ways to lower your risk.

Ask your pharmacist if you have any questions or are unsure of an answer.

<b>1. What is your gender?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>2. What is your age?</b>	
<b>3. Are you a smoker?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Do you have an immediate family member with early heart disease?</b> Immediate Family: Direct blood relative Early: less than 55 yrs for males, less than 65 yrs for females	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Have you had any atherosclerotic heart or blood vessel disease events?</b> Examples: Transient ischemic attack, angioplasty, heart attack, stroke, angina, stent procedure, bypass, arterial disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Do you have diabetes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Is your fasting blood sugar too high? (Greater than 100 mg/dL)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. What is your height?</b>	
<b>9. What is your weight?</b>	
<b>10. Is your waist measurement greater than:</b> » 35 inches for women » 40 inches for men	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. What is your systolic (top number) blood pressure?</b>	
<b>12. What is your diastolic (bottom number) blood pressure?</b>	
<b>13. Are you being treated for high blood pressure?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. What is your total cholesterol?</b>	
<b>15. What is your LDL?</b>	
<b>16. What is your HDL?</b>	
<b>17. Are your triglycerides above 150?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



Heart Attack Assessment Tool Source  
<https://cccccalculator.ccctracker.com>

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---