At the Heart of Health!
Cardiovascular Risk Reduction Program
PLEASE FAX TO: 512-324-1396
PRINT CLEARLY

A member of the Seton Medical Group

NAME ___________________________ Circle: Male Female Date: ____________
Daytime Tel: ______________________ Cell: _______________ Email: __________________________
PCP Name: _________________________ Insurance Carrier: ___________ Member ID #: __________
PCP’s Tel #: _________________________ Height: _______________ Current Weight: ___________

WEIGHT HISTORY Past year, I gained _______ lbs. Past year, I lost _______ lbs. □ No weight change past year

DO YOU HAVE HEART DISEASE? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN: ____________________________________________________________

HAS A FAMILY MEMBER HAD A HEART ATTACK, STROKE OR PERIPHERAL VASCULAR DISEASE? ☐ YES ☐ NO
If yes, please explain: ____________________________________________________________

DO YOU HAVE HIGH BLOOD PRESSURE? ☐ YES ☐ NO → IF YES, ARE YOU ON MEDICATION? ☐ YES ☐ NO
DO YOU HAVE DIABETES? ☐ YES ☐ NO → IF YES, IS IT WELL-CONTROLLED? ☐ YES ☐ NO
DO YOU SMOKE? ☐ YES ☐ NO → HOW MANY PACKS PER DAY / WEEK? ___________________________

Please indicate the desired location:
☐ Austin: fax 512-324-1396 ☐ Lockhart: fax 512-668-4755

Select the program you would like:
☐ (2) 2-hr group series 1 copay: $20.00 ☐ 2 individual 1-hr visits 1 copay: $20.00

DIET

How many ounces of red meat do you eat per week, on average? (3 ounces=deck of cards) _________ ounces
How many servings of whole milk, cheese, cream or butter do you eat per day? _________ servings
How many servings of dessert do you eat per week, on average? _________ servings
How many servings of fried foods do you eat per week, on average? _________ servings
How many cups of vegetables do you eat each day? _________ cups
How many servings of fruit do you eat each day? (1 serving = 1 small piece of fruit, ½ cup of fruit) _________ servings
How many servings of alcohol do you consume each week? (1 serving = 12 oz. beer, 5 oz. wine or 1 ½ oz. liquor) _________ servings
How many ounces of sweetened beverages do you consume each week? _________ servings
How many meals do you eat a day? ____________ How many snacks? ____________
Who prepares your meals? _______________ Who does the grocery shopping? _______________
Do you have any concerns related to finances? ☐ Yes ☐ No If yes, please explain: ____________________________________________________________

Do you have any special family, religious or cultural needs? ☐ Yes ☐ No If yes, please explain: ____________________________________________________________

Any food allergies or intolerances? ☐ Yes ☐ No If yes, please explain: ____________________________________________________________
DO YOU EXERCISE? □ YES □ NO  
If yes, what do you do? ____________________________________________________________

LABORATORY DATA
If you have recent lab results for cholesterol levels, please attach a copy.

Total Cholesterol: ___________ HDL: ___________ LDL: ___________ Triglycerides: ___________

MEDICAL HISTORY
Check all health problems that apply.

☐ High blood pressure  ☐ High cholesterol  ☐ Poor circulation (Vascular Disease)  ☐ Stroke  ☐ Smoker (packs per day ______ )  ☐ Depression  ☐ Other  
☐ Eye Disease  ☐ Kidney Disease  ☐ Thyroid Disease  ☐ Arthritis  ☐ Anemia  ☐ Sleep Apnea  
☐ Diabetes  ☐ Nerve damage (Neuropathy)  ☐ Gestational Diabetes  ☐ Digestive Issues  ☐ PCOS  ☐ Sexual Dysfunction

Surgery Dates and type/s: ____________________________________________________________

Other Health Problems: _____________________________________________________________

MEDICATIONS
Please specify the name, dose and time taken for each medication:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

SUPPLEMENTS
Please specify the name, dose and time taken for each supplement:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

PAGE 2 OF 2

Revised 04/14/2015

G:\Diabetes\FORMS\FORMS_WELLNESS_PROGRAMS\CARDIC_PROGRAM_IP