

At the Doctors



HEART CHECK

- Heart Rate/Pulse
- Blood Pressure
- Temperature



WEIGHT CHECK

- Body Mass Index (Weight and Height)
- Waist Circumference



BLOOD TEST

- Cholesterol Levels
- Blood Glucose
- Iron Levels
- Vitamin D and B12 Levels
- Calcium Levels
- Thyroid Levels
- Urea and Electrolytes
- Liver Function



WHILE YOU'RE THERE...

- Breast Examination
- Pap Smear
- Ovarian Markers
- Faecal Screening (over 50 years old)



Your Heart Health Checklist

Take this checklist to your doctor and start a conversation about your heart health.

ABOUT YOU

Age _____

Gender _____

Cultural background _____

RISK FACTORS

Do you have high blood pressure? _____

Do you have high cholesterol? _____

Are you diabetic? _____

LIFESTYLE BEHAVIOUR

Do you smoke? _____

Do you exercise often? _____

Do you eat well? _____

Do you sometimes feel stressed or anxious? _____

Are you sleeping well at night? _____

FAMILY HISTORY

Is there a family history of heart disease or stroke? _____

Has anyone in your family had high blood pressure? _____

Does anyone in your family have diabetes? _____

TREATMENT HISTORY

Have you or are you currently;

a) Taking any prescription medication? _____

b) Using alternative therapies? _____