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Cardiovascular Risk Screen

Please circle if your child has:

Kidney Disease	Kawasaki Disease (affecting the heart)	HIV
Lupus	Rheumatoid Arthritis	Heart Transplant
Diabetes	High Blood Pressure	

- Does your child have a serious ongoing illness? Y N
- Does your child have a history of overweight /BMI > 95% ? Y N
- Does your child have a history of high blood pressure ? Y N
- If your child is a teenager do they smoke? Y N
- Does either parent of your child have a history of elevated cholesterol? Y N
- If yes, how high? _____ Do they take Cholesterol Medication? Y N
- Have any of your child's relatives had :

M= Mom D=Dad B=Brother S=Sister A= Aunt U=Uncle
 GM= Grandmother (Either) GF=Grandfather (Either)

Cardiac Risk Factor	Y	N	Age of Onset	Who
Heart Disease including Heart Attack, Heart Pain, Heart Surgery				
Stroke				
Poor Circulation				
Clogged Heart Arteries				
Sudden Cardiac Death				