

Cardiac Risk Assessment

Please Print

First name: _____ Last name: _____

Date of birth: ____/____/____ Cell phone: (____) _____ Gender: Male Female

Race: African American Aleutian American Indian Asian Caucasian Eskimo
 Hispanic/Latino Other

1. Have you ever had diabetes? No Yes
2. Have you ever had a heart attack? No Yes
3. Are you now taking medicine for high blood pressure? No Yes
4. Are you now taking medicine for high cholesterol? No Yes
5. Are you now taking medicine for blood sugar (glucose)? No Yes
6. Do you always take the medicine as prescribed? No Yes Does not apply
7. Have either your parents or siblings ever had a heart attack? No Yes Don't know
8. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?
 No Yes, one Yes, two or more
9. During an average week, how often would you say you are stressed?
 Every day 3-5 times a week 1-2 times a week Less than once a week
10. During an average week, how many days do you engage in physical activity? _____

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11. How often do you eat some food that is high in fiber, such as whole grain bread, cereal, fresh fruits or vegetables? Every meal Daily Several times a week Seldom
 12. How often do you eat some food that is high in cholesterol or fat, such as fatty meats, cheese, fried foods or eggs? Every meal Daily Several times a week Seldom
 13. How would you describe your cigarette smoking habits?
 Never smoked Used to smoke Still smoke
 - 13a. How many cigarettes a day do you or did you smoke? _____ cigarettes
 - 13b. How many years has it been since you smoked regularly? _____ years

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RELEASE

At GuideStone Financial Resources of the Southern Baptist Convention ("GuideStone" or "we" or "us"), we're pleased to provide you an opportunity to participate in a free, basic wellness screening, which may include blood pressure measurement and a finger-prick for testing blood sugar and cholesterol, under the supervision of a qualified professional. Our volunteers and employees have received instructions in proper technique, but please keep in mind that these persons assisting you with the screening may not be medical professionals and are not specifically compensated for these activities.

By signing below, I am acknowledging that (1) I voluntarily and willingly accept the wellness services of GuideStone; (2) the wellness services are not representing any products or services relating to GuideStone as an employee benefit health plan; (3) GuideStone volunteers may not be licensed medical professionals; (4) I am releasing GuideStone, its officers, directors, employees or volunteers from any and all legal or other responsibility associated with the screening, related activities or information; (5) aggregate results may be used for reporting, but individual information will not be shared with anyone else.

I further acknowledge and agree that services are offered for information purposes only and that, because results may vary in relation to time of day or recent food intake, this information is not intended to be a substitute for professional medical advice, diagnosis or treatment and that I should seek the advice of my physician or other qualified health provider with any questions that may arise regarding these results.

I acknowledge that I have read the statements above and consent to the screening in accordance with the terms and conditions set forth above.

Participant signature: _____ **Date:** ____/____/____

Email address: _____

PLEASE GIVE THIS FORM TO THE NEXT WELLNESS REPRESENTATIVE.

Height: _____ feet _____ inches

Weight: _____ pounds

Blood pressure: Systolic (high number): _____ Diastolic (low number): _____

Heart rate (pulse): _____

Glucose (blood sugar): _____

Total cholesterol: _____ HDL (good cholesterol): _____

Triglycerides: _____ LDL (bad cholesterol): _____

Risk ratio: _____