

PREVENTION

Primary | Secondary

TARGET LDL-C VALUE

< 1.8 mmol / L

< 2.5 mmol / L

< 50% of initial check-up value=

..... mmol / L

ATHEROSCLEROTIC MANIFESTATIONS

MI (Year)

Other CAD (Year)

Stroke (Year)

PAD (Year)

EARLY ATHEROSCLEROSIS IN THE FAMILY

Yes | No

OTHER ATHEROSCLEROSIS RISK FACTORS HYPERTENSION

Yes | No

Treatment

Yes | No

SMOKING

Smoker from:

(Year) until (Year)

Ex-smoker since (Year)

DIABETES MELLITUS

Type

Since (Year)



ScreenPro FH

PHYSICIAN

TELEPHONE

EMAIL

Card of patient with hypercholesterolemia

NAME

SURNAME

DATE OF BIRTH

