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Cardiovascular Health Survey

Section A

- Are you currently taking medications and/or supplements for elevated blood pressure, cholesterol, blood sugar, arrhythmias (abnormal heart rhythm), blood thinning, or digestive issues?
- Have you suffered a heart attack, stroke, or TIA (Transient Ischemic Attack)?
- Have you had bypass surgery or placement of stents?
- Do you have diabetes (high blood sugar), or been told you were pre-diabetic or insulin resistance?
- Do you suffer from or have you been diagnosed with sleep apnea (episodes of not breathing while sleeping)?
- Do you suffer from or have you been told you have gum disease (periodontal disease)?
- Are you a male experiencing erectile dysfunction?
- Have you had positive genetic testing for either the ApoE4 or the MTHFR gene mutations?

Section B

- Is your blood pressure greater than 130/90 or have you been told your blood pressure is high?
- Do you have high cholesterol (>200), triglycerides (>150), LDL (“bad cholesterol” >100), or low HDL (“good cholesterol” <40)?
- Do you have any mercury amalgams (fillings)?
- Do you have a family history of Alzheimer’s, heart disease, stroke, or premature cardiac death (before age 50)?
- Are you are under moderate/ high levels of chronic stress (work, financial, relationship, family, or health)?
- Are you or have you in the past been a smoker (pipe, cigar, cigarette, drugs)?
- Do you experience chest pains, pressure or tightness either at rest or during activity?
- Do you experience frequent and/or ongoing gastrointestinal symptoms, reflux, belching, heartburn, gas/bloating, or irritable bowel syndrome?
- Do you consume a high animal protein diet (meat, chicken, pork, eggs, dairy)?
- Are you overweight/obese (>15 pounds overweight)?
- Do you consider yourself living a sedentary lifestyle (less than 30 minutes physical activity 5 days of the week)?
- Do you have or have you been told you have elevated levels of inflammatory markers - C. Reactive Protein (CRP), Homocysteine, or fibrinogen?
- Do you experience palpitations, sensations of a pounding or racing heart, or abnormal heart beats?
- Do you have peripheral vascular disease, chronic venous insufficiency, or varicose veins?

Scoring

Section A – 10 points for each checked item

Section B – Total checkmarks _____ multiplied by 2

= _____

= _____

TOTAL

Scoring Guide: Less than 5 points, risk for heart attack and stroke likely low. 5-20 points, further evaluation of endothelial function/ blood vessel integrity is indicated. Greater than 20 points, cardiovascular risk is high and further evaluation is clinically indicated. Contact Dr. Stevens, for your Advanced Lipid Panel (provides LDL particle size and Number), Oxidized LDL levels and Oligoscan (evaluation of bioavailability of minerals, trace elements and the rate of toxic metals in living tissues) testing today.