



THE TEXAS HEART INSTITUTE  
CENTER FOR CARDIOVASCULAR CARE



HOUSTON  
HEARTREACH

Supported in part by a generous grant from  
Kappa Kappa Gamma Charitable Foundation of Houston

[www.texasheart.org](http://www.texasheart.org)



# Personal Information

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First name

MI

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Last name

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Email

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Phone (mobile)

Phone (home)

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Date of birth

---

Address

---

City

State/Zip

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Weight

Height

---

Blood Type

---

Allergies/Reactions

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Organ Donor?    \_\_\_Y    \_\_\_N

# Emergency Contact

---

**(1) Name**

---

**Relationship**

---

**Phone**

---

**City**

---

**(2) Name**

---

**Relationship**

---

**Phone**

---

**City**

---

**(3) Name**

---

**Relationship**

---

**Phone**

---

**City**

# Insurance

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Provider

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Policy type

Phone

---

Medicare #1

#2

---

Pharmacy

Phone

---

(1) Hospital

Phone

---

(2) Hospital

Phone

---

(3) Hospital

Phone

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## Medical History

### MODIFIABLE RISK FACTORS:

Smoking

High cholesterol

High blood pressure

Overweight (BMI>25)

Being physically inactive

Diabetes  
(Serum glucose>126mg/dL)

# Surgical History

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**(1) Procedure**

---

**Surgeon's Name**

---

**Date**

**Telephone**

---

**(2) Procedure**

---

**Surgeon's Name**

---

**Date**

**Telephone**

---

**(3) Procedure**

---

**Surgeon's Name**

---

**Date**

**Telephone**

---

**(4) Procedure**

---

**Surgeon's Name**

---

**Date**

**Telephone**

# Physicians

---

**(1) Name**

---

**Phone**

---

**Specialty**

---

**(2) Name**

---

**Phone**

---

**Specialty**

---

**(3) Name**

---

**Phone**

---

**Specialty**

---

**(4) Name**

---

**Phone**

---

**Specialty**

# Medication Keeper

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## (1) MEDICATION

---

Pharmacy

Phone

---

Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

---

Doctor

Special Instruction

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## (2) MEDICATION

---

Pharmacy

Phone

---

Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

---

Doctor

Special Instruction



# Medication Keeper

---

## (3) MEDICATION

---

Pharmacy

Phone

---

Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

---

Doctor

Special Instruction

---

## (4) MEDICATION

---

Pharmacy

Phone

---

Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

---

Doctor

Special Instruction

# Medication Keeper

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## (5) MEDICATION

---

Pharmacy

Phone

---

Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

---

Doctor

Special Instruction

---

## (6) MEDICATION

---

Pharmacy

Phone

---

Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

---

Doctor

Special Instruction

# Medication Keeper

---

## (7) MEDICATION

---

Pharmacy

Phone

---

Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

---

Doctor

Special Instruction

---

## (8) MEDICATION

---

Pharmacy

Phone

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Address

---

Start/Stop Date

Dosage

---

Time to Take

Prescription Refill #

Refill Left   9   8   7   6   5   4   3   2   1

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Doctor

Special Instruction

# Blood Pressure (BP)

Systolic

Diastolic

Blood Pressure Category	Systolic (top #)		Diastolic (bottom #)
Normal	Less than 120	AND	Less than 80
Elevated Blood Pressure	120-129	AND	Less than 80
Hypertension Stage 1	130-139	OR	80-90
Hypertension Stage 2	140 or higher	OR	90 or higher
<b>HYPERTENSIVE CRISIS</b> <b>Call Doctor IMMEDIATELY</b>	Higher than 180	AND/OR	Higher than 120

# Blood Pressure Keeper

BLOOD PRESSURE (BP) KEEPER				
Date	Time		Systolic (top #) / Diastolic (bottom #)	Comments
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	

# Blood Pressure Keeper

BLOOD PRESSURE (BP) KEEPER				
Date	Time		Systolic (top #) / Diastolic (bottom #)	Comments
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	

# Blood Pressure Keeper

BLOOD PRESSURE (BP) KEEPER				
Date	Time		Systolic (top #) / Diastolic (bottom #)	Comments
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	
		AM PM	____ / ____	

# Blood Sugar Keeper

Date	Time	Blood Glucose	Notes



# Blood Sugar Keeper

Date	Time	Blood Glucose	Notes

# Blood Sugar Keeper

Date	Time	Blood Glucose	Notes

# Weight Keeper

**BMI:**  $\frac{703 \times \text{weight}}{\text{height} \times \text{height}}$  = \_\_\_\_\_

**Underweight:** <18.5 | **Normal:** 18.5–24.9 | **Overweight:** 25.0–29.9 | **Obese:** ≥30.0

Weight Goal	Date	Weight	Date	Weight

# Cholesterol Keeper

CHOLESTEROL			
Total Cholesterol	HDL	LDL	Triglycerides
Desirable: <200 mg/dL	High risk: <40 mg/dL (men), <50 mg/dL (women)	Optimal: <100 mg/dL	Normal: <150 mg/dL
Borderline high: 200-239 mg/dL	Normal: 40-50 mg/dL (men), 50-60 mg/dL (women)	Near optimal: 100-129 mg/dL	Borderline high: 150 - 199 mg/dL
High: ≥240 mg/dL	Optimal: >50 mg/dL (men), >60 mg/dL (women)	Borderline high: 130 -159 md/dL	High: ≥200 mg/dL
		High: 160-189 mg/dL	
		Very high: ≥190 mg/dL	

**CHOLESTEROL KEEPER**

Date	Total Cholesterol	HDL	LDL	Tryglicerides

# Medical Appointments

MEDICAL APPOINTMENTS							
DATE	TIME	DOCTOR	SPECIALTY	PHONE	CONFIRMED	NOTES	







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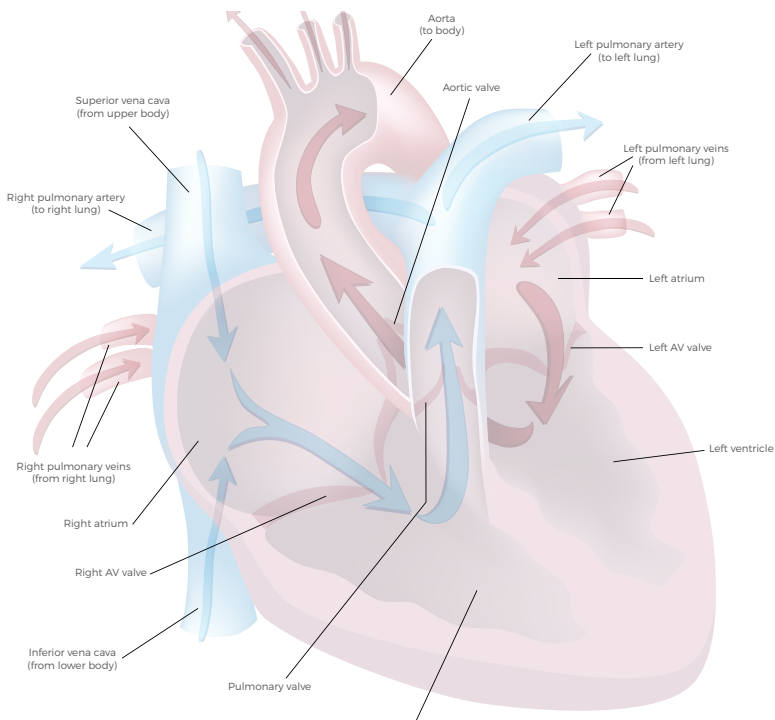
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To learn more about heart anatomy and other heart health-related topics, visit Texas Heart Institute's Heart Information Center online at [www.texasheart.org/HIC](http://www.texasheart.org/HIC)





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