

WAREHAM PEDIATRIC ASSOCIATES, P.C.
53 Marion Road, Unit 1
Wareham, MA 02571
(508) 295-8622

Cholesterol Screening Questionnaire

Patient's Name: _____

Today's Date: _____

Dear Parents,

As your child's physician and health care providers, we are concerned about their nutrition and health beyond the years that they will be our patients. As such, we need to be aware the of the risks that high cholesterol plays in the early development of coronary artery disease, as well as, other agents such as obesity, lack of exercise, smoking and stress.

We are asking for your cooperation during this preventative health care visit in answering a few questions. This allows us to determine by family history whether your family is a high or low risk family for early coronary artery disease and cholesterol problems.

In answering these questions about your child's family, we ask that you limit it to yourselves, your child's siblings, your child's grandparents and your child's aunts and uncles.

1. Has any female member of your child's family had
 - a. Heart Pain (angina) at less than 60 years old? Yes___No___
 - b. Heart Bypass Surgery at less than 60 years old? Yes___No___
 - c. Heart Attack at less than 60 years old? Yes___No___
 - d. Stroke at less than 60 years old? Yes___No___
2. Has any male member of your child's family had
 - a. Heart Pain (angina) at less than 60 years old? Yes___No___
 - b. Heart Bypass Surgery at less than 60 years old? Yes___No___
 - c. Heart Attack at less than 60 years old? Yes___No___
 - d. Stroke at less than 60 years old? Yes___No___
3. Is there a history of elevated cholesterol in your child's family, especially the immediate family? Yes___No___

Reviewed By: _____

Risk (circle one): High Low