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## Cardiovascular Health Survey

### Section A

- Are you currently taking medications and/or supplements for elevated blood pressure, cholesterol, blood sugar, arrhythmia (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), insulin resistance (elevated insulin levels), or elevated hemoglobin A1C (HbA1c) levels?
- 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?

### 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), high triglycerides (>150), high LDL ("bad cholesterol") (>100), or low HDL ("good cholesterol") (<40)?
- Do you have mercury amalgams (fillings)?
- Do you have a family history of heart disease, stroke, or premature cardiac death (before age 50)?
- Do you feel you are under moderate to 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 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

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Section B – Total checkmarks \_\_\_\_\_ multiplied by 2

= \_\_\_\_\_

**TOTAL**

**Scoring Guide:** Less than 5 points, EndoPAT testing (evaluating endothelial cell function/blood vessel integrity and risk for heart attack and stroke) may not be indicated. 5-20 points EndoPAT 2000 testing is indicated. Greater than 20 points, cardiovascular risk is high and EndoPAT is clinically indicated. Contact Dr. Stevens, endothelial cell function specialist, for your EndoPAT 2000 testing today.