

# Doctor discussion guide: getting the most out of your cholesterol treatment

Bring this printout to your next doctor's appointment. It will help you and your doctor get the most out of your cholesterol treatment.

## 1. My treatment concerns and questions

### Treatment concerns

Issue	How important is it to me?
I'm not sure what treatment goals I should be aiming for.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I'm not sure whether my treatment is working.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I'm not sure whether I'm on the right dose of my medication.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I've recently switched medications and need to continue to have my cholesterol levels monitored.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I'm not sure how often I should have my cholesterol levels checked.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I'm having side effects.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I'm worried about getting side effects.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I think the medication might be interacting with one of my other medications.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important

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### Treatment concerns

Issue	How important is it to me?
I keep forgetting to take my medication.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
I'm having a hard time staying motivated to take my medication.	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
Other: <input type="text"/>	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
Other: <input type="text"/>	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important
Other: <input type="text"/>	<input type="checkbox"/> not very important <input type="checkbox"/> somewhat important <input type="checkbox"/> very important

### Treatment questions:

- Am I on the most appropriate cholesterol medication?
- Am I on the most appropriate dose to control my cholesterol?
- If I've recently switched medications, when do I need to have my cholesterol levels checked?
- Am I using my medication correctly?
- What treatment goals should I aim for?

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### Treatment questions:

- Is my medication helping me reach my treatment goals? How close am I to meeting my treatment goals?
- What side effects should I watch out for, and what should I do if they occur?
- Other:
- Other:
- Other:

## 2. My doctor's recommendations (doctor to complete at visit):

### A. Recommended adjustments to treatment plan (doctor to complete by checking all that apply and filling in details as needed):

Action	Details
	(e.g., when to start, dose, targets)
<input type="checkbox"/> Switch to a different medication.	
<input type="checkbox"/> Change medication dose.	
<input type="checkbox"/> Change treatment targets.	
<input type="checkbox"/> Check cholesterol levels.	
<input type="checkbox"/> Other: <input type="text"/>	
<input type="checkbox"/> Other: <input type="text"/>	
<input type="checkbox"/> Other: <input type="text"/>	

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**B. Recommended treatment goals (doctor to complete by checking all that apply and filling in details as needed):**

Test	My Targets	My Results
<input type="checkbox"/> LDL-C	<input type="checkbox"/> decrease at least 50% <input type="checkbox"/> less than 2 mmol/L <input type="checkbox"/> other: <input type="text"/>	
<input type="checkbox"/> apoB	<input type="checkbox"/> less than 0.80 g/L <input type="checkbox"/> other: <input type="text"/>	
<input type="checkbox"/> total cholesterol to HDL cholesterol ratio (TC:HDL-C ratio)	<input type="checkbox"/> less than 4.0 <input type="checkbox"/> other: <input type="text"/>	
<input type="checkbox"/> hs-CRP	<input type="checkbox"/> less than 2.0 mg/L <input type="checkbox"/> other: <input type="text"/>	
<input type="checkbox"/> non-HDL cholesterol	<input type="checkbox"/> less than 3.5 mmol/L <input type="checkbox"/> other: <input type="text"/>	
<input type="checkbox"/> triglycerides	<input type="checkbox"/> less than 1.7 mmol/L <input type="checkbox"/> other: <input type="text"/>	
<input type="checkbox"/> apoB:apoAI ratio	<input type="checkbox"/> less than 0.80 <input type="checkbox"/> other: <input type="text"/>	
<input type="checkbox"/> Other goals (e.g., lose 10 lbs, quit smoking)	<input type="text"/>	
<input type="checkbox"/> Other goals (e.g., lose 10 lbs, quit smoking)	<input type="text"/>	
<input type="checkbox"/> Other goals (e.g., lose 10 lbs, quit smoking)	<input type="text"/>	

The table above has a space for today's results. Use the Cholesterol Diary (you can find the diary under "Health tools") to track your progress over time.

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## C. Managing side effects:

Tips on managing side effects (doctor to check all that apply and fill in the blanks):

- Check that I'm on the most appropriate dose for my medication.
- Make sure I'm taking my medication as directed and not accidentally taking extra doses
- Know which side effects to watch for and what to do if they happen:

- Contact my doctor if I notice any side effects or changes that worry me

Other:

Follow-up appointment date:

Notes:
