## Doctor discussion guide: getting tested

Bring this printout to your next doctor's appointment. It will help your doctor evaluate whether you need a cholesterol test or other tests to assess your heart disease risk.

I think I may need a cholesterol test because:		
☐ I'm concerned about my cholesterol levels.		
☐ I have one of the risk factors listed below.		
☐ I had a cholesterol test before and my doctor recommended	that I have a follow-up test.	
I am years old.		
My gender is (check one):		
□ female		
□ male		
I have the following risk factors (check all that apply):		
☐ I've been through menopause.	☐ I smoke.	
☐ I have diabetes.	☐ I am overweight.	
☐ I have high blood pressure.	My family members had heart disease at an early age (before age 60).	
☐ I have chronic kidney disease.	☐ For men: I suffer from erectile dysfunction (difficulty getting or maintaining an erection).	
☐ I have atherosclerosis (hardening of the arteries).	☐ High cholesterol runs in my family.	
☐ I have lupus, rheumatoid arthritis, or psoriasis.		
☐ I am taking medications for HIV.		

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I have some questions about cholesterol testing:	
1.	Do I need a cholesterol test?
2.	Are there any special instructions I should follow before the test?
3.	How often should I have my cholesterol tested?
4.	When will I get the results?
5.	Do I need any other tests to check my risk of developing heart disease?
6.	Other:
7.	Other:
8.	Other:
Doctor's recommendations (to be filled out by your doctor):	
	Have a cholesterol test
	Have other tests (e.g., blood pressure, blood sugar, hs-CRP levels):
	Return for a follow up appointment (date/time):
No	tes: