

Stroke Risk Reduction Doctor Discussion Guide

Print this doctor discussion guide, fill it out as best you can, and bring it with you when you visit your doctor. It will help your doctor work with you to lower your risk of a stroke.

Reason for my visit (choose all that apply):

- I want to know my risk of having a stroke in the next 10 years.
- I have atrial fibrillation (AFib) and want to reduce my risk of stroke.
- I have diabetes and want to reduce my risk of stroke.
- I have high blood pressure and want to reduce my risk of stroke.
- I have high cholesterol and want to reduce my risk of stroke.
- I have had a stroke or transient ischemic attack (also called a TIA or “mini-stroke”) and want to reduce my risk of having another stroke.
- I don’t think I have any medical conditions but I want to know what I can do to reduce my risk of stroke.
- I’m scheduled for a routine health check-up and also want to discuss my stroke risk.

Other: _____

Other: _____

Other: _____

My information and medical history:

Age _____ (years)

Gender: Male Female

Medication and food allergies

Medications

(prescription medications, over-the-counter products, herbal products, vitamins and supplements)

Medical conditions/medical history

- I have atrial fibrillation.
- I have diabetes.
- I have high blood pressure.
- I have high cholesterol.
- I have had a stroke or TIA in the past.

Other: _____

Other: _____

Other: _____

Other: _____

- I’m not sure.

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My stroke risk factors:*

Risk factors you can't change

- I am over 65.
- I am male.
- I am a woman who has gone through menopause.
- A close relative (parent, sibling, or child) had a stroke before age 65.
- I am of First Nations, African, or South Asian ancestry.
- I have had a stroke or TIA (a transient ischemic attack, also called a “mini-stroke”).

Risk factors you can change or control

- I have atrial fibrillation (AFib).
- I have diabetes.
- I have high blood pressure.
- I have high cholesterol.
- I am overweight.
- My diet is low in fruits and vegetables and high in fat and sodium.
- I don't get 30 to 60 minutes of moderate-intensity physical activity on most days of the week.
- I smoke.
- I have more than 2 drinks per day or 10 per week for women, or more than 3 drinks per day or 15 per week for men.
- I have a lot of stress in my life.

**This list includes common stroke risk factors but is not a complete list of all possible stroke risk factors. Some people may have additional stroke risk factors not listed above.*

My questions:

General questions

1. What is my risk of a stroke in the next 10 years?
2. Is there anything in my lifestyle that puts me at a higher risk of a stroke?
3. Do I have any medical conditions that increase my stroke risk?
4. What can I do to reduce my risk of a stroke?
5. Do I need to be tested for any medical conditions, such as atrial fibrillation, diabetes, high blood pressure, or high cholesterol?
6. Do I need to take any medications?
7. Do I need to make any lifestyle changes?
8. When should I return for a follow-up appointment?
9. Other: _____
10. Other: _____

Questions for people taking medication or starting a new medication:

1. What is this medication called?
2. What is the medication for?
3. How do I take the medication (how many times a day, with or without food)?
4. How long will I need to keep taking it?
5. What side effects are possible, and what should I do if they happen?
6. Are there any activities, foods, or medications I should avoid while I'm taking this medication?
7. Do I need to have any routine monitoring or testing while I'm on this medication? If so, where do I go to have the tests and how often do I need to have them? What results am I aiming for?
8. How do I store this medication?
9. What should I do if I miss a dose of medication?
10. Do I need to tell my other health care providers that I am taking this medication?
11. Other: _____
12. Other: _____

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My doctor's recommendations:

Start medication

Name: _____

Dose: _____

What it's for: _____

How to take it: _____

Common side effects: _____

Drugs/foods to avoid: _____

Blood or other medical tests needed (name, how often):

How to store the medication:

Other instructions: _____

Make healthy lifestyle changes

Reach a healthy body weight. Goal: _____

Increase physical activity. Goal: _____

Eat more fruits and vegetables (aim for 7 to 10 servings per day), less sodium (max. 1500 mg per day for people under 50, 1300 mg per day for people aged 50-70, and 1200 mg per day for people over 70) and fat (max. 35% of daily calories from fat).

Quit smoking.

Use alcohol in moderation (no more than 2 drinks a day or 10 drinks a week for women, and no more than 3 drinks a day or 15 drinks a week for men).

Manage stress.

Other instructions: _____

Return for follow-up appointment

Date: _____

Time: _____

Notes:
