

## Cholesterol

Who took this survey: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Patient

		<b>Yes</b>	<b>No</b>
<b>1</b>	<b>Cholesterol:</b> Does the patient have a parent with known cholesterol problem OR with total cholesterol greater than 240?		
<b>2</b>	<b>Family History:</b> Does the patient have a mother, sister, grandmother or aunt who had a myocardial infarction (heart attack), angina, stroke, coronary bypass heart surgery, angioplasty, sudden cardiac death before they were 65 years old.		
<b>3</b>	<b>Family History:</b> Does the patient have a father, brother, grandfather or uncle who had a myocardial infarction (heart attack), angina, stroke, coronary bypass heart surgery, angioplasty, sudden cardiac death before they were 55 years old?		
<b>4</b>	Is patient adopted?		