



Road to Wellness
P.O. Box 13447
Macon, GA 31208-3447
478-314-2427 or 1-800-648-7563 option 5
Email: wellness@shpg.com
Fax: 478-314-2417

High Cholesterol Assessment

It is time to complete your assessment for the Road to Wellness Program. Please take time now to answer these few questions and return this form to the address or fax number above. You can also email it to wellness@shpg.com.

NAME: _____ **DATE:** _____

CURRENT PHONE NUMBER: _____

1. Have you had a Fasting Lipid profile drawn at least once over the last 12 months?
 Yes No Date _____ Results: Total Cholesterol _____
LDL _____ HDL _____ Triglycerides _____
2. How many times per week have you been engaging in exercise?
 0 1-2 3-4 5 or more.
3. Are you on a low cholesterol diet? Yes No No MD Order
4. Have you had any difficulty with chest pain or coronary heart disease? in last 6 months, in last year, never
5. Have you had any of these cardiac procedures in the last year? EKG Arteriogram
 Heart Catheter Angioplasty Coronary Artery Bypass Surgery
 other –please list _____
6. Have you had any changes in your Cholesterol medications? Yes No
If yes please list changes _____
7. Have you achieved your current Cholesterol goal? Yes NO
8. What goal do you want to achieve for your Cholesterol before our next follow-up contact? _____

Thank you for taking the time to complete this questionnaire. We wish you continued success on your Road to Wellness!