

CASP Screening Checklist

Demographics & Support

Cardiovascular Screening Checklist

Complete this form for patients who are between the ages of 40-74 years.

Visit 1:

PATIENT DATA:

Health Zone: Date:

DEMOGRAPHIC DATA:

Sex: Male Female Other:

Age:

Marital status: Married Living with partner Single Divorced Widowed

Sources of support: *(check all that apply)*

Spouse / Partner Family Support-Group Members

Coworkers Friends Church Group

Other (specify):

Level of education:

Less than high school High school diploma

Undergraduate degree Master's degree or higher

Length of time knowing patient: years

Focused Health History

FOCUSED CARDIO-VASCULAR HEALTH HISTORY:

Family history of premature coronary artery disease (CAD) (*father <55 yr or mother <65 yr when diagnosed*)

Risk conditions (check all that apply):

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Erectile dysfunction |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Obstructive sleep apnea |
| <input type="checkbox"/> Abdominal obesity | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Anxiety – screen with GAD-7 |
| <input type="checkbox"/> CKD | <input type="checkbox"/> Other psychiatric disorders |
| <input type="checkbox"/> Chronic HIV infection | <input type="checkbox"/> Street drug use |
| <input type="checkbox"/> Abdominal aortic aneurysm | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Inflammatory conditions (SLE, RA, PsA, AS, IBD) | <i>Screen with PHQ 2 (positive / negative)
then PHQ-9 (positive / negative)</i> |

Specify:

Female (or other, as applicable) only:

- | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Polycystic ovarian syndrome (PCOS) | <input type="checkbox"/> Hormone replacement therapy (HRT) |
| <input type="checkbox"/> Early menstruation | <input type="checkbox"/> Gestational diabetes |
| <input type="checkbox"/> Oral contraceptives | <input type="checkbox"/> Delivery of Infant with macrosomia |
| <input type="checkbox"/> Gestational hypertension
(preeclampsia, eclampsia) | <input type="checkbox"/> Early menopause |

CV risk factors (check all that apply)

- Dyslipidemia
 Psychological stress

Social Determinants of Health:

- Low socioeconomic status Inadequate housing Air pollution
 Other:

Ethnicity: Indigenous African Hispanic South Asian ancestry None of the above

Alcohol intake: drinks / day drinks / week

Smoking rate: cigarettes / day pack / year

Vaping or using nicotine pouches: Yes No

Smoking / using cannabis: Yes No

Street drug use (specify):

List Current medications (include herbals/OTCs):

Physiological Measurements

COMPLETE THE FOLLOWING PHYSIOLOGICAL MEASURES:

Height: cm Weight: kg

Calculate BMI (Visit www.needurlhere.com):

Waist circumference (Visit www.needurlhere.com): cm

Blood pressure:

Method: Automated Office BP (AOBP) - **Preferred**
 Home BP monitoring used - Yes No

Systolic: mmHg

Diastolic: mmHg

Select BP range: Optimal range <130/80
 Intensive target \leq 120 mmHg SBP for high risk (\geq 50 yr, diabetes, CKD, ASCVD)
 Elevated > 130/80 mmHg

Heart rate (apical): bpm

Regular: Yes No

Irregular HR, suspect AF: Yes No

Radial pulses equal bilaterally: Yes No

Pedal pulses equal bilaterally: Yes No

Auscultate heart sounds – record any abnormalities (S3, S4, murmurs, arrhythmias):

Auscultate vascular bruits – location (carotid, femoral, etc.):

Assess for aortic abdominal aneurysm (AAA):

Visit 1 Completion & Risk Stratification

At the end of Visit 1:

- Give bloodwork and urinalysis requisition to patient (CBC, electrolytes, LFTs, fasting lipid profile (add non-HDL C/ ApoB when TG > 1.5 mmol/L), fasting blood glucose, A1C, TSH, ACR, eGFR)
- Arrange for a follow up appointment

Pre Visit 2:

- Review blood work & urinalysis; highlight abnormalities for discussion at Visit 2
- Access Framingham (or C CHANGE) risk calculator on CASP website → calculate 10 yr CVD risk
- Level of CVD risk identified for patient:

- Low risk (<10% 10yr risk)
- Moderate risk (10-20% 10yr risk)
- High risk (>20% 10yr risk)

- Determine "heart age" using online calculator:

Actual chronological age: years

Calculated heart age: years

Priority areas identified by NP (choose up to 3):

1.

2.

3.

Individualized Plan & Lifestyle Recommendations

Visit 2 – Follow up Patient Centred Priority Areas:

Date:

Priority area(s) determined with patient (choose up to 4):

1.
2.
3.
4.

Individualized goals for My Heart and Brain Healthy Plan:

1.
2.
3.
4.
5.

FOLLOW UP MANAGEMENT

Referrals to inter professional team (check all that apply):

- | | | |
|----------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physician Specialist | <input type="checkbox"/> Dietician |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Public Health / Community Health Nurse |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Diabetes Educator |
| <input type="checkbox"/> Other: | <input type="text"/> | |

Further testing required (check all that apply):

- Check BP at every visit (if appropriate)
- 12 lead ECG (only if arrhythmia, proteinuria, reduced pulses, bruits, etc.)
- Echocardiogram (if abnormal heart sounds, displaced apical impulse, ventricular arrhythmias)
- If atrial fibrillation identified → baseline renal function & calculate CHAD 65 algorithm if age ≥ 65 yr or CHADS₂ ≥ 1 eGFR) and repeat renal function at least annually
- If suspected acute stroke/TIA → arrange ED transfer within 48 h (brain imaging, possible thrombolysis)
- If Heart Failure with reduced EF confirmed (echo/BNP) → consider quadruple therapy (ARNI/ACEi/ARB + β blocker + MRA + SGLT2 i)
- If FBG 5.6 6.0 mmol/L (plus > 1 risk factor) or A1C 5.5 5.9 % or FBG 6.1 6.9 mmol/L and A1C 6 6.4 % → order 2 hour 75 g OGTT:
- Home BP Monitoring (if uncontrolled, white coat, masked hypertension)

Lifestyle change (check all that apply – specify if different for the individual):

- Stress reduction strategies: _____
- Alcohol \leq 2 drinks / day or abstain: _____
- Tobacco cessation – advise quit and offer pharmacotherapy (NRT, varenicline, bupropion): _____
- Physical activity – any regular activity is beneficial; aim for 30 60 min moderate vigorous most days; consider pedometer or smartphone tracker: _____
- Sodium intake – target \leq 2000 mg Na / day (\approx 5 g salt): _____
- Nutrition – water as preferred beverage; avoid sugar sweetened drinks; limit processed foods high in sodium, free sugars or saturated fat; emphasize vegetables, fruit, whole grains, lean protein, poly / monounsaturated oils, omega 3s: _____
- Obesity – non judgmental approach; refer to RD for counselling; if BMI \geq 30 (or \geq 27 with comorbidity) discuss weight loss medication (liraglutide 3 mg, naltrexone bupropion, orlistat); if BMI \geq 40 (or \geq 35 with comorbidity) consider bariatric surgery: _____
- Diabetes/Pre diabetes – if GLP 1 RA or SGLT2 i indicated (age \geq 60 yr with \geq 2 CV risk factors or ASCVD) consider adding agent: _____
- Other recommendations: _____

Counselling on behavior change:

- Used readiness ruler: Yes No (If no, explain) _____
- Used motivational interviewing: Yes No (If yes, describe) _____
- Encouraged self management: Yes No

Did you access any of the following resources or recommend them? (check all that apply):

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> CASP website | <input type="checkbox"/> GAD-7 anxiety screen |
| <input type="checkbox"/> Smoker's Help Line | <input type="checkbox"/> Pedometer / smartphone activity-tracker app |
| <input type="checkbox"/> Carrot Reward Program | <input type="checkbox"/> Diabetes Canada |
| <input type="checkbox"/> NL Health Eating Resource | <input type="checkbox"/> Health Canada |
| <input type="checkbox"/> Heart & Stroke Foundation | <input type="checkbox"/> Hypertension Canada |
| <input type="checkbox"/> Dietitians of Canada | <input type="checkbox"/> Physical Activity Guidelines |
| <input type="checkbox"/> CHAD-65, if age \geq 65 yr or CHADS ₂ | <input type="checkbox"/> Canadian Mental Health Association |
| <input type="checkbox"/> PHQ 2 / PHQ -9 depression screen | <input type="checkbox"/> C CHANGE Guidelines |

Medication Prescription & Follow up

Did you prescribe any of the following medications? (check all that apply):

- None
- Betablocker
- Calcium channel blocker
- ACE inhibitor or ARB
- Diuretic (thiazide like preferred)
- ARNI (sacubitril / valsartan) – if HFrEF, if symptomatic despite ACEi/ARB; consider Quadruple therapy (ARNI / ACEi / ARB, β blocker, MRA, SGLT2 i)
- Statin (LDL C > 2.0 mmol/L primary prevention or > 1.8 mmol/L secondary; aim for \geq 50 % reduction)
- Antiplatelet (only for secondary prevention – ASA 80 325 mg, clopidogrel, or ASA + dipyridamole)
- DOAC (apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa), and rivaroxaban (Xarelto) for AF, deep vein thrombosis, pulmonary embolism (adjust for eGFR) and repeat renal function at least annually)
- Other oral anticoagulant - Warfarin (if AF with mechanical valve)
- GLP 1 RA (liraglutide, dulaglutide, Semaglutide) – if age \geq 60 yr with \geq 2 CV risk factors or ASCVD**
- SGLT2 i (empagliflozin, dapagliflozin, canagliflozin) – if diabetes with ASCVD/HF/CKD or HFrEF**
- Oral hypoglycemic agents (If age > 60 yr with \geq 2 CV risk factors (or ASCVD), include GLP-1 RA or SGLT2 i with CV benefit)
- Insulin
- Obesity - Weight loss pharmacotherapy (liraglutide 3 mg, naltrexone bupropion, orlistat) – if BMI \geq 30 (or \geq 27 with comorbidity)
- HFrEF
- Other:

Follow up appointments scheduled?

Appointment date: (if medication change – review \leq 8 weeks)

Appointment date: (routine – every 3 6 months for HTN/DM/LDL)

Other comments:

Initials:

Additional Notes / Signature (Optional)

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