

The 10-Minute Heart Health Checklist Every Adult Should Review This Year

SECTION 1: YOUR CURRENT STATS

- ☐ My most recent blood pressure reading is under 130/80 mmHg
- ☐ My resting heart rate is under 80 BPM
- ☐ I know my total cholesterol level
- ☐ I've had my blood sugar (A1C or fasting glucose) tested in the past 12 months
- ☐ My BMI is in the healthy range (18.5-24.9)

SECTION 2: FAMILY + PERSONAL HISTORY

- ☐ I have a family history of heart attack, stroke, or aneurysm
- ☐ I've been diagnosed with high blood pressure, diabetes, or high cholesterol
- ☐ I've had shortness of breath, fatigue, or chest discomfort recently
- ☐ I smoke or have smoked in the past
- ☐ I have a known heart condition or take heart-related medication

SECTION 3: DAILY HABITS THAT IMPACT HEART HEALTH

- ☐ I exercise at least 3x per week
- ☐ I eat fruits and vegetables daily
- ☐ I limit my sodium and processed food intake
- ☐ I manage my stress effectively
- ☐ I sleep 7-9 hours per night on average

SECTION 4: POST-SCREENING DISCUSSION STARTERS

Ask: 'Based on my screening results, do I need further imaging or follow-up?'

Ask: 'Are there lifestyle changes I should start now based on these findings?'

Ask: 'Do I need any medications or lab tests based on these results?'

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