

Bring this sheet to your appointment and discuss the following questions.



Assess Your Risk

- Do you think I'm at risk for a heart attack or stroke?

- Do I have any other factors that can increase my risk?



Explore Treatments

- Do you think statins or other medications are right for me?

- What are some of the pros and cons about taking statins?

- How long will I need to take these medicines?

- How will we know if they're working?

- Will the medications be enough to lower my risk?

- Are there any side effects I should look for when taking this medication?

- Are there medicines, foods or dietary supplements I should avoid taking with this medication?

- How can I learn more about this medicine?



Other Changes

- Do I need to make other changes as well?

- **Next appointment date:** _____

- **Medication information**

Medication name: _____

Dosage: _____

Frequency: _____

Learn more at heart.org/cholesterol.