



Your Heart Health History Map™

Gather the details that may help you and your healthcare provider see your cardiovascular picture more clearly.



Check what applies, add what you know and leave anything uncertain blank. This worksheet does not calculate or diagnose your risk.

1 Menopause & Reproductive History



- ☐ Natural menopause before age 45
- ☐ Surgical menopause
- ☐ Menopause stage or final period is uncertain
- ☐ History of preeclampsia or pregnancy-related high blood pressure
- ☐ History of gestational diabetes
- ☐ History of preterm delivery

Age at final period, if known: _____

2 Family History



- ☐ Heart attack or coronary artery disease
- ☐ Stroke or mini-stroke
- ☐ High blood pressure
- ☐ High cholesterol or elevated Lp(a)
- ☐ Diabetes
- ☐ Sudden or unexplained cardiac death

Who and at what age? _____

3 My Health History



- ☐ High blood pressure
- ☐ High cholesterol or triglycerides
- ☐ Prediabetes or diabetes
- ☐ Kidney disease
- ☐ Autoimmune or inflammatory condition
- ☐ Sleep apnea

Other: _____

4 Other Helpful Context



- ☐ I currently smoke or vape
- ☐ I smoked in the past
- ☐ My usual activity level has changed
- ☐ My weight or waist size has changed
- ☐ I take medication that may affect my numbers
- ☐ I have new or changing heart-related symptoms

Details: _____

My Timeline

Add any dates or ages that may help connect the pieces.

Event or change: _____

Age or year: _____

Event or change: _____

Age or year: _____

Event or change: _____

Age or year: _____

What I Want to Ask

1. Does anything in my history change how we look at my heart risk?

2. Is there a number, symptom or screening we should follow more closely?



Gentle Reminder

A checked box is not a diagnosis. Its purpose is to help you remember information that may be useful in a healthcare conversation.

Martine's Midlife Wellness Tip

If you can, ask relatives about diagnoses and ages. 'Heart problems' becomes more useful when you know what happened and when.