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Coronary Artery Disease; Contract for a Healthy Heart

I understand that I have a diagnosis of coronary artery disease (CAD) on the basis of:

- an abnormal coronary calcium score
- a documented heart attack (MI-myocardial infarction)
- an abnormal stress test (treadmill)
- an abnormal imaging test (stress echo, nuclear perfusion study, CT, MRI, ECHO)
- an abnormal angiogram (heart catheterization)
- a previous angioplasty (PCI) or bypass surgery (CABG)

I understand that the following Therapeutic Lifestyle Changes (TLC) are of proven benefit in reducing my risk of a further heart attack, stroke, or sudden death and I will:

- stop smoking completely and avoid second hand smoke
- lose weight to optimize my waist/hip ratio (WHR) and my body mass index (BMI)
 - o MEN - WHR <1 and BMI <30
 - o WOMEN – WHR <0.8 and BMI <28
- exercise at least 30 minutes a day, 5 times a week by
 - o incorporating it into my daily life (climbing stairs, walking briskly)
 - o scheduling activities (aerobics, sports, jogging, swimming)
- change my diet to reduce total caloric intake as well as
 - o reduce fat (cholesterol) , salt, and simple sugars intake
 - o increase fish oils, one multivitamin supplement, limit alcohol (2 glass/day men, 1 glass/day women)
- improve my mental health through
 - o reducing and coping better with stress
 - o identifying and treating the signs of depression

I understand that the following medication classes are of proven additive benefit in reducing my risk of further heart attack, stroke, or sudden death and I will continue to take:

- Aspirin / clopidogrel/ ticagrelor/ rivaroxaban (blood thinning meds) 20% risk reduction
- Statin /omega 3, PCSK9 inhibitors (cholesterol lowering meds) 25% risk reduction
- ACEI or ARB (blood pressure lowering meds) 25% risk reduction
- beta-blocker (heart rate lowering meds) 25% risk reduction
- metformin/empagliflozin/liraglutide (diabetes controlling meds) 38% risk reduction

NAME _____ **Signature** _____ **DATE** _____