

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Appointment for Family History Cardiovascular Health Assessment

Dear [Patient Name],

Our records indicate that you have a documented family history of cardiovascular disease. Because heart health can be influenced by genetic factors, we would like to invite you for a Cardiovascular Health Assessment.

This proactive screening is designed to evaluate your current risk levels and discuss preventative strategies tailored to your family history. The assessment may include:

- Blood pressure check
- Cholesterol and glucose blood tests
- Review of your lifestyle and medical history
- Calculation of your long-term cardiovascular risk score

Early detection and management of risk factors are the most effective ways to prevent heart disease and stroke.

Please contact our reception desk at [Phone Number] to schedule your appointment. If you have had a similar assessment at another clinic recently, please let us know so we can update your medical records.

We look forward to seeing you.

Sincerely,

[Doctor/Provider Name]
[Title]
[Clinic Name]