

Hypertension Evaluation Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Smoking History \_\_\_\_\_ or Non-smoker \_\_\_\_\_

Personal Medical History: \_\_\_\_\_

\_\_\_\_\_

Family Medical History \_\_\_\_\_

\_\_\_\_\_

Age	Health	Cause of Death
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Father \_\_\_\_\_

Mother \_\_\_\_\_

Brother \_\_\_\_\_

Sister \_\_\_\_\_

Coronary Risk Factors: \_\_\_\_\_

\_\_\_\_\_

Blood Pressure

#1 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

#2 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

#3 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

ECG (resting): \_\_\_\_\_ ECG Stress Test (if indicated): \_\_\_\_\_

Fasting Plasma Glucose: \_\_\_\_\_ Total Cholesterol: \_\_\_\_\_ LDL: \_\_\_\_ HDL: \_\_\_\_

Triglycerides: \_\_\_\_\_ Creatinine: \_\_\_\_\_ Potassium: \_\_\_\_\_

MEDICATIONS USAGE:

Rx \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Rx \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Presence/Absence/History of adverse side effects: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_