

**Hypertension Evaluation Worksheet**

Patient Name \_\_\_\_\_ DoB \_\_\_\_\_  
Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Smoking history Yes \_\_\_ No \_\_\_ if no, how long? \_\_\_\_\_

Medical History:

\_\_\_\_\_  
\_\_\_\_\_

Family Medical History:

\_\_\_\_\_  
\_\_\_\_\_

	<u>Age</u>	<u>Current Health, Cause of/Age at Death</u>
Father	_____	_____
Mother	_____	_____
Brother (s)	_____	_____
Sister (s)	_____	_____

Coronary Risk Factors:

\_\_\_\_\_  
\_\_\_\_\_

Blood Pressure Readings (taken over three consecutive days)

Date \_\_\_\_\_ B/P \_\_\_\_/\_\_\_\_ Where taken \_\_\_\_\_  
Date \_\_\_\_\_ B/P \_\_\_\_/\_\_\_\_ Where taken \_\_\_\_\_  
Date \_\_\_\_\_ B/P \_\_\_\_/\_\_\_\_ Where taken \_\_\_\_\_

Date of Resting ECG \_\_\_\_\_ (please submit tracing or report with this form)  
If stress test was done, indicate date done here and include **complete tracings** \_\_\_\_\_

Labs: FBS \_\_\_\_\_ Tot. Cholesterol \_\_\_\_\_ LDL \_\_\_\_\_  
HDL \_\_\_\_\_ Triglycerides \_\_\_\_\_ Creatinine \_\_\_\_\_  
Potassium \_\_\_\_\_ Date of lab work \_\_\_\_\_

Current Medications:

Rx \_\_\_\_\_ Dosage and frequency \_\_\_\_\_  
Rx \_\_\_\_\_ Dosage and frequency \_\_\_\_\_  
Rx \_\_\_\_\_ Dosage and frequency \_\_\_\_\_  
Rx \_\_\_\_\_ Dosage and frequency \_\_\_\_\_

Medication side effects? Yes \_\_\_ No \_\_\_  
If so, what? \_\_\_\_\_

Treating Physician:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip Code \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_