

## Pilot Hypertension Follow-up Worksheet

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ BP Today \_\_\_\_\_

### Blood Pressure History

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

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

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

### Medications

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

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

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

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

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I certify that Blood Pressure is currently controlled.

Signature of Treating Physician \_\_\_\_\_