

Your High Blood Pressure Visit – What to Expect, What to Ask

Your Name: _____
Are there specific concerns you want to discuss today?

Your Relationship to the Child: _____
 No Yes _____

Have there been any major changes in your family lately?

- None Move Job Change Separation Divorce Death in the family New pet Other?

Describe: _____

General Health Information. Since Your Last Visit:	Yes	No	Unsure
Have you (or your child) had any major illness and/or hospitalizations?			
Have you or anyone in your family (or your child's relatives) developed new any medical problems?			
Are there any changes to your (or your child's) medications?			
Are you (or your child's) immunizations (includes flu and pneumonia vaccines) current?			
Do you or any adults who are around you (or your child) smoke (includes inside or outside the house)?			

Have you (or your child) been seen in the emergency room in the last 6 months for high blood pressure?

- No Yes 1-2 times Yes 3-4 times Yes 5-6 times Yes more than 6 times

Have you been hospitalized for High Blood Pressure in the last 12 months?

- No Yes 1-2 times Yes 3-4 times Yes 5-6 times Yes more than 6 times

In the last 12 months have you talked with a doctor or health provider about any of the following High Blood Pressure Symptoms?

- Severe headaches Confusion Chest pain Blurred vision
 Nausea and vomiting Pounding in chest, neck Feeling very tired Dizziness

Do you check your blood pressure?

- No Yes, everyday Yes, weekly Yes, every other week Yes, monthly

Have you talked with a doctor or health provider about starting or stopping any medications?

Medication List:	Medication Concerns:		
	No	Yes	Describe
	No	Yes	Describe
	No	Yes	Describe
	No	Yes	Describe
	No	Yes	Describe

Have you received referrals, tests, follow-up on tests results and/or other needed care promptly? No Yes

Would you like to get more information on any of the topics below?

Medications/Treatments	Symptoms/Complications	Health Promotion	Nutrition
<ul style="list-style-type: none"> High Blood Pressure medicine Checking/Monitoring blood pressure High Blood Pressure specialist Herbal remedies 	<ul style="list-style-type: none"> Signs of High Blood Pressure Normal Blood Pressure Range Complications of High Blood Pressure High Blood Pressure risks Causes of High Blood Pressure 	<ul style="list-style-type: none"> Smoking Cessation [National Quitline: 1-800-QUITNOW (784-8669)] High Blood Pressure Prevention Exercise routine When to call doctor Vision appointment Weight management Reduce stress 	<ul style="list-style-type: none"> Healthy diet Calorie intake Healthy snacks Decrease salt use Alcohol intake

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this form at your next visit.