



# Hugh Chatham Memorial Hospital

## Hypertension Questionnaire

1. Are you taking any medications for your blood pressure or heart? Y / N
  - a. List of Medications: \_\_\_\_\_  
\_\_\_\_\_
2. Do you see a cardiologist? Y / N
  - a. Cardiologist: \_\_\_\_\_
  - b. Date of last visit with cardiology: \_\_\_\_\_
3. Do you follow a special diet at home that may be affecting your blood pressure? Y / N
  - a. Are you supposed to be following a diet? Y / N
  - b. What diet specifically? \_\_\_\_\_
  - c. What do typical meals look like for you at home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d. How many times a day do you eat? \_\_\_\_\_
4. Do you check your blood pressure at home? Y / N
  - a. If you responded "Y", what device do you use? \_\_\_\_\_
  - b. Do you keep up with the readings? Y / N
    - i. If so, how? \_\_\_\_\_
    - ii. Did you bring these readings with you today? Y / N
  - c. What is your blood pressure normally when you are at home?  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you exercise? Y / N
  - a. What activities do you do? \_\_\_\_\_  
\_\_\_\_\_
  - b. How often do you do these activities? \_\_\_\_\_  
\_\_\_\_\_

*Please return this document  
complete.*



*to a team member when*

### **Medical Assistant's Pre-Assessment**

1. Are the patient's feet flat on the floor?	
2. Is the patient sitting quietly?	
3. Is the correct cuff size being used?	
4. Does the patient have a current diagnosis of hypertension or history of hypertension in their chart?	
5. Are there any blood pressure medications listed in the patient's medical record?	
6. What blood pressure readings were taken at the 2 previous office visits?	
7. If blood pressure log is provided, import into record with corresponding label.	
8. Provide log to provider for review.	
9. Schedule patient for 2 week follow-up nurse visit for blood pressure monitoring.	
10. Schedule patient for follow-up visit with provider regarding chronic conditions.	