



London Hypertension Clinic CANADA

Identification

GP/FP: _____

Specialist: _____

Date: _____

Age: _____ Weight: _____ (Kg) Height: _____ Waist Circumference: _____

MODE: Screen - Sitting BP **Left**

#1	#2	#3	AVE	Pulse

Sitting BP **Right**

#1	#2	#3	AVE	Pulse

MODE: Routine - **Standing BP** (higher arm)

#1	#2	#3	AVE	Pulse

Home BP Monitor (if available)

Low	High	AVE

History (onset, duration, hospitalization):

Symptoms

- None
- Not sure, no symptom - BP correlation
- Headache
- Pulsation (ears, chest, elsewhere)
- Blurry vision
- My skin turns red
- My skin turns white
- Tingling or numbness
- Nausea/vomitting
- Other

1° or 2°:

- Salt
- Exercise
- OSA
- Hypokalemia/cramps
- NSAIDS
- Adrenergic Stimulants
- Glucocorticoid excess
- Alcohol
- Thyroid disease
- Renal dysfunction
- Hematuria/Proteinuria
- Hypercalcemia
- Pregnancy HTN
- Strong Family Hx
- Licorice

End Organ Damage / Associated Conditions

Retinopathy - Hypertensive Diabetic

Cerebrovascular - CVA TIA Carotid stenosis

Cardiovascular - MI CABG PCI

ANGINA: CCS class _____

C.H.F. – NYH Class _____

Renal - CKD RAS Proteinuria

Peripheral Arterial Disease

Claudication Aortic aneurysm Dissection

Global Risk Evaluation

Diabetes:

Duration _____ years

HbA1c _____ Date: _____

Smoking: _____ packs/day

Duration _____ years

Quit? _____ Date: _____

Dyslipidemia

Family history, Details:

Accelerated atherosclerosis

Carotid plaque area: _____

Calculated 10 year Risk (%)

Plan:

Lifestyle brochure

Salt brochure

Exercise brochure

Home BP measurement

CHEP brochure

Quit smoking referral

Dietician referral

ABPM

Change meds (see script)

Repeat labs prior to next visit

Next visit:

Physical Exam

General

Sleep apnea habitus

Cushingoid

Head & Neck

Xanthelasma

Arcus Cornealis

Carotid bruit

Thyroid

Respiratory

Asthma

CVS

Radio-femoral delay

Bruits

LVH

CHF

Skin

Eruptive Xanthoma

Musculoskeletal

Arthritis

Tendon Xanthoma

Gout

Pedal edema

Signature: _____

Print Name: _____