

Hypertension Clinic Follow-up Note
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Patient ID

GP/FP: _____

Specialist: _____

Date: _____

Age: _____ Weight: _____ (kg) Waist Circumference: _____

BP Tru (Omit if excellent HBPM data available)

AVE	Pulse	#2	#3	#4	#5	#6	Stand BP	Pulse	<input type="checkbox"/> Right
									<input type="checkbox"/> Left
									<input type="checkbox"/> Large cuff

Home BP Monitor (if available)

Low	High	AVE

ABPM (if available)

AVE Daytime	AVE Nighttime	Ave 24 hr

PROBLEM LIST:

- Hypertension
- Hypercholesterolemia
- Diabetes Mellitus
- Smoking
- C.A.D.
- Stroke
- Renal impairment
- Atrial Fibrillation
- Aortic dissection/aneurysm

Interval End Organ Damage:

- TIA / Stroke symptoms
- Angina/Chest Pain symptoms
- Congestive Heart Failure
- Renal impairment
- PAD - Claudication

Potential ADRs:

- Hypotension
- Muscle Pain (statin)
- Headache (CCB)
- Pedal edema (CCB/AB)
- Bradycardia (BB/Dilt)
- Cough (ACEi)
- Diarrhea (ARB)
- Fatigue
- Erectile Dysfunction

ACTIVE ISSUES:

RECOMMENDATIONS:

- Stop smoking
- Lifestyle modification
- Change / Add Antihypertensive Rx
- Change / Add Lipid lowering Rx
- Follow up: _____ months
- Investigations:

Healthy Behaviour:

- Salt restriction
- Alcohol
- Diet
- Exercise
- NSAIDs
- Compliance

Signature: _____

Print Name: _____