

HYPERTENSION EVALUATION WORKSHEET

NAME: _____ DATE: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____ BLOOD PRESSURE: _____

SMOKING HX: _____ NON-SMOKER: _____

PERSONAL MEDICAL HISTORY: _____

FAMILY MEDICAL HISTORY: _____

AGE HEALTH CAUSE OF DEATH

FATHER _____

MOTHER _____

SIBLINGS _____

CORONARY RISK FACTORS: _____

BLOOD PRESSURE READINGS

#1 DATE _____ READING: _____

#2 DATE _____ READING: _____

#3 DATE _____ READING: _____

EKG ENCLOSED: _____ FASTING GLUCOSE LEVEL: _____

TOTAL CHOLESTEROL: _____ LDL: _____ HDL: _____

TRIGLYCERIDES: _____ POTASSIUM (IF ON DIURETIC) _____

CURRENT MEDICATIONS

RX: _____ DOSAGE: _____ FREQUENCY: _____

RX: _____ DOSAGE: _____ FREQUENCY: _____

RX: _____ DOSAGE: _____ FREQUENCY: _____

Airman has no side effects

Physician Signature: _____

