

HYPERTENSIO

Date Diagnosed:	
Past/Present History:	
Family	
Previous Treatment:	

EKG:	Date:	Results:
CXR:	Date:	Results:

Patient Education:	Date	Education	Provider
		What is Hypertension?	
		Signs & Symptoms	
		Risks & damage to the body	
		Treatment (diet, exercise, stress)	
		Medication to be used	
		Follow Up	
		Reading materials given	

Visit Date:																			
Weight:																			
BP Cuff Reg, Lg	Left																		
	Right																		
Medications:																			
1.																			
2.																			
3.																			
4.																			
Lab:	UA																		
	CBC																		
	SMAC																		

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
1. Name: (Last)	(First)
2. DOB:	3. A #
4. Nationality:	5. Facility: