

HYPERTENSION FLOW SHEET

	Date >							
Record the following data at each clinic visit: Smoking: cigs/day Exercise: days/week Diet Compliance: Y/N	Weight							
	BP and Pulse							
	Glucose							
	Smoking							
	Exercise							
	Foot Check							
Meds: enter current dose at end of visit								
	Comments							
	Provider Initials							

Element to be performed annually, or as clinically indicated. (Fundoscopic: Normal or Abnormal.)

Fundoscopic:	Date:	Result:	Date:	Result:
Cholesterol/HDL:	Date:	Result:	Date:	Result:
Creatinine:	Date:	Result:	Date:	Result:
Urinalysis:	Date:	Result:	Date:	Result:
Microalbumin	Date:	Result:	Date:	Result:

Key to Comments:

- H** = Hospitalized
- I** = Intensification of monitoring/treatment
- E/M** = Educated re: use of meds
- E/C** = Educated re: med/tx compliance
- E/S** = Educated re: smoking cessation
- E/E** = Educated re: Exercise program
- E/D** = Educated re: diet
- N/C** = Non-Compliant(specify element)

Name: _____

Reg No: _____

Date of Birth: _____

Institution: _____