

Hypertension Follow Up Guide

Patient Name: _____ DOB: _____ Today's Date: _____

At each medication pick up, assess:

1. In the past 14 days, how many days have you missed at least one dose of any medication?
2. Are you having any issues with your medications?
3. What target goal blood pressure did your doctor tell you?
4. How often are you monitoring your BP? Do you write your measurements down?
5. How often do you consume foods high in sodium, sugar, animal fat, sugary drinks, and alcohol?
6. How often per week do you exercise or engage in a physical activity?

Check in on the following at the initial assessment and also, every 3 months:

1. How often do you smoke or use tobacco/are you exposed to any secondhand smoke?
2. Do you have a family history of high blood pressure?