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| --- |
| **Student** **Name:** |
| Sex: M or F | Date of Birth: | **Date of Entry:** |
| **Initial Blood Pressure** | **Blood Pressure Target:****140/90 or greater - hypertension****120/80 or less - ideal** |
| **Initial Weight:** |
| **Initial BMI:** |
| **Co-Morbid Conditions:** |
| **Reminders:*** **Explain the consequences of hypertension**
* **Review medications and adverse effects**
* **Refer to TUPP, IDT, the counselor/case manager , and Hypertension Wellness group**
* **Set goals with patient (weight loss and exercise, avoid excessive alcohol, TUPP, and salt intake/diet)**
 |
| **BLOOD PRESSURE AND SELF MANAGEMENT** |
|  | **DATE** |  |  |  |  |  |
| **EVERY 3 MONTHS** | **Blood Pressure** |  |  |  |  |  |
| **Smoking:** **Yes No** |  |  |  |  |  |
| **Activity level** **(at least 30 min,** **5 days/week)** |  |  |  |  |  |
| **Salt intake** |  |  |  |  |  |
| **Alcohol consumption** |  |  |  |  |  |
| **Weight (Target = \_ )** |  |  |  |  |  |
| **Sleep** |  |  |  |  |  |
| **TESTS** |
| **AT LEAST ANNUALLY** | **Fasting glucose or glycohemoglobin** |  |  |  |  |  |
| **Microalbumin (urine)** |  |  |  |  |  |
| **Total cholesterol** |  |  |  |  |  |
| **HDL-C** |  |  |  |  |  |
| **LDL-C** |  |  |  |  |  |
| **Triglycerides** |  |  |  |  |  |
| **MEDICATIONS/EFFECTS** |
| **Diuretic):** | **Calcium channel blocker:** |
| **Beta blocker:** | **Combination:** |
| **ACE inhibitor:** | **Other:** |