Blood Pressure Test

Patient's full name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Date of birth: xxxxxxxxxxxxx **Age:** xxxxx **Gender:** xxxxxxxxxx

Medical record #: xxxxxxxxxxxxxxxxxxx

Attending physician's full name: xxxxxxxxxxxxxxxxx

Patient's medical history:

Prone to hypertension. No other serious cardiovascular problems. He is obese. Also has asthma.

Blood Pressure Test

Please conduct the blood pressure test three times. Record the results of the third test.

Systolic Blood Pressure: 141 mmHg

Diastolic Blood Pressure: 92 mmHg

- ☐ **Normal**
- ☐ **High Blood Pressure (Hypertension)**
- ☐ **Low Blood Pressure (Hypotension)**

Symptoms

If they have High Blood Pressure…

☑ Headaches	☐ Chest pain	☑ Dizziness
☐ Difficulty breathing	☐ Nausea	☐ Vomiting
☐ Vision problems	☑ Anxiety	☐ Confusion
☑ Buzzing in the ears	☐ Nosebleeds	

If they have Low Blood Pressure…

- [ ] Vision problems
- [ ] Confusion
- [ ] Dizziness
- [ ] Lightheadedness
- [ ] Nausea
- [ ] Vomiting
- [ ] Drowsiness
- [ ] Weakness
- [ ] Fatigue
- [ ] Syncope (fainting)

Comments

Will prescribe metolazone (Zaroxolyn) 5mg, once a day.
