HYPERTENSION ENCOUNTER FORM

Family Practice Management®

Patient's name: _____

Age: _____ Weight: ___ Height: _____ BMI (over): _____

History of present illness

_____

_____

_____

☐ Loud snoring, obesity, gasping and daytime sleepiness (sleep apnea)
☐ Headache, sweating and palpitations (pheochromocytoma)

Major risk factors (check if present)

☐ Hypertension
☐ Tobacco use
☐ Obesity (BMI ≥ 30 kg per m²)
☐ Physical inactivity
☐ Dyslipidemia
☐ Diabetes mellitus
☐ Microalbuminuria or glomerular filtration rate < 60 mL per minute
☐ Age > 55 years (men) or > 65 years (women)
☐ Family history of premature cardiovascular disease (men < 55 years or women < 65 years)

Target-organ damage (check if present)

☐ Left ventricular hypertrophy or chronic heart failure
☐ Angina, prior myocardial infarction, revascularization
☐ Stroke or transient ischemic attack
☐ Chronic kidney disease
☐ Peripheral arterial disease
☐ Retinopathy

Physical Examination

Bilateral blood pressure measure:	Systolic blood pressure (SBP)/diastolic blood pressure (DBP)
Right arm:	/
Left arm:	/

Diagnosis confirmed by:

☐ Serial measurements at home
☐ Serial measurements in the office
☐ Ambulatory blood pressure monitoring

	Normal	Abnormal	Looking for	Comment if abnormal
Optic fundi	☐	☐	Vascular disease	
Auscultate for bruits				
Carotid	☐	☐	Vascular disease	
Abdominal	☐	☐	Vascular disease	
Femoral	☐	☐	Vascular disease	
Thyroid gland	☐	☐	Thyroid disease	
Heart	☐	☐	Valve disease, cardiomegaly	
Lungs	☐	☐	Heart failure	
Abdomen				
Aortic pulsation	☐	☐	Aneurysm	
Mass	☐	☐	Aneurysm	
Lower extremity edema				
Edema	☐	☐	Heart failure	
Pulses	☐	☐	Vascular disease	
Leg blood pressure	☐	☐	Vascular disease	
Purple striae/moon facies	☐	☐	Cushing's disease	
Neurologic examination	☐	☐	Vascular disease	

Laboratory Evaluation

	Normal	Abnormal	Ordered	Value
Looking for end-organ damage				
Urinalysis	☐	☐	☐	_____
Electrocardiogram	☐	☐	☐	
Looking for causes of secondary hypertension				
Potassium	☐	☐	☐	_____
Creatinine	☐	☐	☐	_____
Calcium	☐	☐	☐	
Looking for comorbidities				
Total cholesterol	☐	☐	☐	_____
Low-density lipoproteins	☐	☐	☐	_____
High-density lipoproteins	☐	☐	☐	_____
Triglycerides	☐	☐	☐	_____
Hematocrit	☐	☐	☐	_____
Blood glucose	☐	☐	☐	_____

Assessment/Plan

Diagnosis:

☐ Prehypertension (SBP: 120 to 139 mm Hg, or DBP: 80 to 89 mm Hg)
☐ Stage 1 hypertension (SBP: 140 to 159 mm Hg, or DBP: 90 to 99 mm Hg)
☐ Stage 2 hypertension (SBP: ≥ 160 mm Hg, or DBP: ≥ 100 mm Hg)

BP Goal:

☐ ≤ 140/90 mm Hg
☐ ≤ 130/80 mm Hg (consider if non-diabetic at high cardiovascular risk)
☐ Other: _____

Lifestyle recommendations:

☐ Salt reduction to 2 g daily ☐ Moderation of alcohol
☐ DASH diet ☐ Weight loss ☐ Regular exercise

Drug therapy: _____

Follow-up: _____

Physician's signature _____

AMERICAN ACADEMY OF FAMILY PHYSICIANS

***FPM* Toolbox** To find more practice resources, visit www.aafp.org/fpm/toolbox.

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Decision Support for Further Investigation

- ☐ Abnormal creatinine or severe hypertension ➔ Consider renovascular disease.
- ☐ Hypokalemia ➔ Consider primary aldosteronism.
- ☐ Thyroid abnormality ➔ Consider hyperthyroidism.
- ☐ Upper but not lower extremity hypertension ➔ Consider coarctation of aorta.
- ☐ Bruit ➔ Consider cerebrovascular disease.
- ☐ Headache, sweating and palpitations ➔ Consider pheochromocytoma.
- ☐ Cushingoid body habitus ➔ Consider Cushing's disease.
- ☐ Persistent or severe elevation ➔ Consider medications, illicit drug use and excessive alcohol use.
- ☐ Loud snoring, obesity, gasping and daytime sleepiness ➔ Consider sleep apnea.

Decision Support for Selection of a Drug Class

Indications	Treatment
☐ Stage 1: No compelling indications	Diuretic for most. May consider ACEI, ARB, BB, CCB or combination.
☐ Stage 2: No compelling indications	Two-drug combination for most. Usually thiazide diuretic plus ACEI or ARB, BB or CCB.
Patient group	
☐ Non-black patients	Thiazide, CCB, ACEI, or ARB
☐ Black patients	Thiazide or CCB
☐ Chronic kidney disease	Always include an ACEI or ARB
☐ Heart failure	Thiazide and ACEI preferred over CCB

Choose up to 3 drugs from recommended categories until blood pressure goal is acheived. Consider referral if not achieved at that point.

ACEI = antiogensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; BB = beta blocker; CCB = calcium channel blocker.

Generic Drugs

- Diuretics
- Chlorthalidone, 12.5 to 25 mg once daily
- Hydrochlorothiazide (HCTZ), 12.5 to 50 mg once daily
- Triamterene/HCTZ, 37.5 to 75 mg/25 to 50 mg once daily

Aldosterone blockers

- Spironolactone, 25 to 50 mg once daily

Angiotensin-converting enzyme inhibitors

- Lisinopril, 10 to 40 mg once daily
- Enalapril, 2.5 to 40 mg daily, divided doses once to twice daily

Beta blockers

- Metoprolol, 50 to 100 mg once to twice daily
- Atenolol, 25 to 100 mg once daily

Body Mass Index Calculator

Weight		Height Inches	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74
Lb	kg	cm	147	150	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188
90	41		19	18	18	17	16	16	15	15	15	14	14	13	13	13	12	12	12
100	45		21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13
110	50		23	22	22	21	20	20	19	18	18	17	17	16	16	15	15	15	14
120	55		25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15
130	59		27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17
140	64		29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18
150	68		31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19
160	73		34	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	21
170	77		36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22
180	82		38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23
190	86		40	38	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24
200	91		42	40	39	38	37	36	34	33	32	31	30	30	29	28	27	26	26
210	95		44	43	41	40	38	37	36	35	34	33	32	31	30	29	29	28	27
220	100		46	45	43	42	40	39	38	37	36	35	34	33	32	31	30	29	28
230	105		48	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	30
240	109		50	49	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31
250	114		52	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32
260	118		54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33
270	123		57	55	53	51	49	48	46	45	44	42	41	40	39	38	37	36	35
280	127		59	57	55	53	51	50	48	47	45	44	43	41	40	39	38	37	36
290	132		61	59	57	55	53	51	50	48	47	46	44	43	42	41	39	38	37

BMI ≤ 24: Normal weight; ☐ BMI 25 to 29: Overweight; BMI 30 to 39: Obese; BMI ≥ 40 Extreme obesity.