

GROUP-VISIT DOCUMENTATION FORM

Name: _____ Date: _____

For the patient

Do you struggle with any of the following associated with high blood pressure or arthritis? If so, please check and/or fill out the appropriate answers:

High blood pressure

- Headaches
- Bloody nose
- Fatigue
- Dizziness
- Chest pain
- Shortness of breath or breathing problems
- Swelling in your legs

Arthritis

- Falls
- Problems getting up/out of a chair
- Problems walking
- Problems walking without use of a walker or cane
- Pain in your shoulders
- Pain in your hips
- Pain in your knees
- Pain in your hands
- Pain in other joints: _____

Is there anything else you need the doctor to know?

For the doctor

BP: _____ HR: _____

Heart: _____ Lungs: _____ Edema: _____

Ambulation: normal hesitant wobbling needs device needs assist

Sitting to standing: normal (no arms) slow without use of arms/with use of arms/with devices

Get up and go: <20 seconds 20-29 seconds >30 seconds

Overall fall risk: none small moderate significant

ROM of knees: normal limited markedly limited

of hips: normal limited markedly limited

Hands: Heberden's nodes ulnar deviation bony enlargement