

# 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?

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## 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