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