

# HYPERTENSION QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. When did you first notice that you had high blood pressure? \_\_\_\_\_  
\_\_\_\_\_
2. Do you know what your current height and weight is? \_\_\_\_\_
3. Do you know what your current blood pressure reading is? \_\_\_\_\_
4. What was the highest blood pressure reading you have ever had? \_\_\_\_\_
5. Did you ever have severe headaches? \_\_\_\_\_
6. Does your blood pressure elevate when you are under tension? \_\_\_\_\_
7. Have you had any of the following symptoms or been diagnosed with any of the following? Please give details:
  - a. Chest pain or angina \_\_\_\_\_
  - b. Kidney disease \_\_\_\_\_
  - c. Pulse disorder \_\_\_\_\_
  - d. Heart disease \_\_\_\_\_
  - e. Proteinuria \_\_\_\_\_
  - f. Abnormal EKG \_\_\_\_\_
  - g. Diabetes \_\_\_\_\_
  - h. Aneurysm \_\_\_\_\_
  - i. Stroke or TIA \_\_\_\_\_
  - j. High cholesterol \_\_\_\_\_
8. What are your current medications and dosage: \_\_\_\_\_  
\_\_\_\_\_
9. Do you engage in regular exercise? \_\_\_\_\_
10. Have you had an EKG in past? \_\_\_\_\_
11. What was the outcome? \_\_\_\_\_
12. Who is your physician? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. When was your last visit to your doctor? \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please circle the associate you work with. Russ, Rhonda, Leo