CorHealth Ontario

Hypertension Management Program—Visit Flowsheet

Patient Information

Chart #

Last Name

First Name

Date of Birth

Year – 3-letter mo. – day

Sex ○M ○F

Date of Visit

2 0 – 3-letter mo. – day

Year

Health Care Provider (*name*)

Visit Notes:

Medical Dx & Hx

		Family HX
○	Elevated BP readings **OR**	
○	1° Hypertension	☐
☐	Dyslipidemia	☐
☐	Diabetes	☐
☐	Kidney disease	☐
☐	Obesity	☐
☐	Coronary heart disease	☐
☐	Stroke or TIA	☐
☐	Depression	☐

1° hypertension was diagnosed (fill one)

○ ≥1yr ago ○ <1yr ago ○ Not yet

HTN Patient tools provided? ○ Y ○ N

BP monitoring type ○home ○ambulatory

Referrals ○HCP ○Community Resources

Next visit in ○ weeks ○ months

CV Risk Factors

(fill Y or N per row)

Y	N		Patient Selected Lifestyle Goal (fill ONE)
○	○	Weight	○
○	○	Physical activity	○
○	○	Diet/Nutrition- Salt	○
		- DASH	○
○	○	Smoking	○
○	○	Alcohol intake	○
○	○	Stress	○

Current assessment of CV risk factors

Physical Activity		min/wk (0 or more)
Smoking		Cigs/day (0 or more)
Alcohol		Drinks/wk (0 or more)

	Always	Often	Some-times	Never
High salt foods	○	○	○	○
DASH diet	○	○	○	○
Stressed	○	○	○	○

Patient view of selected lifestyle goal

○ Uninterested ○ Taking action
○ Thinking ○ Maintaining
○ Deciding ○ Relapsed

Current assessment of selected life-style goal (complete both)

How ***important*** is this life-style change to the patient? (1-10; 10=most)

How ***confident*** is patient in carrying out the lifestyle change? (10=most)

How often does patient miss taking his/her meds? / wk

Does patient take herbal remedies/ see traditional healer/naturopath? ○ Y ○ N

Adequate drug coverage? ○ Y ○ N

Medications

	Currently Rx'd	Side effects	Rx Decision Today: Same	Incr.	Decr.	Stop	Start	In-class switch
Diuretic	☐	☐	○	○	○	○	○	○
ACE inhibitor	☐	☐	○	○	○	○	○	○
A-II receptor antagonist	☐	☐	○	○	○	○	○	○
Beta blocker	☐	☐	○	○	○	○	○	○
Calcium channel blocker	☐	☐	○	○	○	○	○	○
Other antihypertensive	☐	☐	○	○	○	○	○	○
Statin	☐	☐	○	○	○	○	○	○
Other lipid-lowering	☐	☐	○	○	○	○	○	○
Oral hypoglycemic	☐	☐	○	○	○	○	○	○
Insulin	☐	☐	○	○	○	○	○	○
ASA	☐	☐	○	○	○	○	○	○

Physical Exam

SBP		
DBP		
Height		○ cm ○ in.
Weight		○ Kg ○ lb.
Waist		○ cm ○ In.

Automated Office Blood Pressure Monitor used? Y ○ N ○

Lab Work

Lipids (date and results of most recent)

2 0 – 3-letter mo. – day

Year

LDL		mmol/L (goal <2.0)
TC/HDL		Ratio (goal <4.0)
HDL		mmol/L (goal >1.0)
Triglycerides		mmol/L (goal <1.7)

A1C and FBS (date and results of most recent)

2 0 – 3-letter mo. – day

Year

A1C		%	(goal<7.0%)
FBS		mmol/L	(goal 4-7)

eGFR and ACR (date and results of most recent)

2 0 – 3-letter mo. – day

Year

eGFR		mL/min
ACR		mg/mmol