HYPERTENSION ENCOUNTER FORM

Patient’s name: ___________________________________________________ Age: ______  Weight: _____  Height: _____  BMI (over): ______

HISTORY OF PRESENT ILLNESS
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Loud snoring, obesity, gasping and daytime sleepiness (sleep apnea)
Headache, sweating and palpitations (pheochromocytoma)

Major risk factors (check if present)
☐ Hypertension  ☐ Diabetes mellitus
☐ Tobacco use  ☐ Microalbuminuria or glomerular filtration rate < 60 mL per minute
☐ Obesity (BMI ≥ 30 kg per m²)  ☐ Age > 55 years (men) or > 65 years (women)
☐ Physical inactivity  ☐ Family history of premature cardiovascular disease
☐ Dyslipidemia  (men < 55 years or women < 65 years)

Target-organ damage (check if present)
☐ Left ventricular hypertrophy or chronic heart failure
☐ Angina, prior myocardial infarction, revascularization
☐ Stroke or transient ischemic attack
☐ Chronic kidney disease
☐ Peripheral arterial disease
☐ Retinopathy

PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Bilateral blood pressure measure:</th>
<th>Systolic blood pressure (SBP)/diastolic blood pressure (DBP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right arm: /</td>
<td>/</td>
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<tr>
<td>Left arm: /</td>
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</tbody>
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Optic fundi
☐ Normal  ☐ Abnormal  Looking for: Vascular disease

Auscultate for bruits
☐ Carotid  ☐ Abdominal  ☐ Femoral  ☐ Thyroid gland  ☐ Heart  ☐ Lungs  ☐ Abdomen
☐ Optic fundi  ☐ Aortic pulsation  ☐ Mass  ☐ Lower extremity edema  ☐ Edema  ☐ Pulses  ☐ Leg blood pressure  ☐ Purple striae/moon facies  ☐ Neurologic examination
☐ Normal  ☐ Abnormal  Looking for: Vascular disease

Comment if abnormal
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

LABORATORY EVALUATION

<table>
<thead>
<tr>
<th>Looking for end-organ damage</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Ordered</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Urinalysis</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Electrocardiogram</td>
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<table>
<thead>
<tr>
<th>Looking for causes of secondary hypertension</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Ordered</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Potassium</td>
<td>☐</td>
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<tr>
<td>Creatinine</td>
<td>☐</td>
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<tr>
<td>Calcium</td>
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<table>
<thead>
<tr>
<th>Looking for comorbidities</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Ordered</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td>☐</td>
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<tr>
<td>Low-density lipoproteins</td>
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<td>High-density lipoproteins</td>
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<tr>
<td>Triglycerides</td>
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<tr>
<td>Hematocrit</td>
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<tr>
<td>Blood glucose</td>
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<tr>
<th>Diagnosis confirmed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Serial measurements at home</td>
</tr>
<tr>
<td>☐ Serial measurements in the office</td>
</tr>
<tr>
<td>☐ Ambulatory blood pressure monitoring</td>
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</tbody>
</table>

ASSESSMENT/PLAN

Diagnosis:
☐ Prehypertension (SBP: 120 to 139 mm Hg, or DBP: 80 to 89 mm Hg)
☐ Stage 1 hypertension (SBP: 140 to 159 mm Hg, or DBP: 90 to 99 mm Hg)
☐ Stage 2 hypertension (SBP: ≥ 160 mm Hg, or DBP: ≥ 100 mm Hg)

BP Goal:
☐ ≤ 140/90 mm Hg
☐ ≤ 130/80 mm Hg (if patient has diabetes or chronic kidney disease)

Other:

Lifestyle recommendations:
☐ Salt reduction to 2 g daily  ☐ DASH diet
☐ Weight loss  ☐ Regular exercise
☐ Moderation of alcohol

Drug therapy:

Follow-up:

PHYSICIAN’S SIGNATURE:

continued ➤
DECISION SUPPORT FOR FURTHER INVESTIGATION

- Abnormal creatinine or severe hypertension  
  Consider renovascular disease.
- Hypokalemia  
  Consider primary aldosteronism.
- Thyroid abnormality  
  Consider hyperthyroidism.
- Upper but not lower extremity hypertension  
  Consider coarctation of aorta.
- Bruit  
  Consider cerebrovascular disease.
- Headache, sweating and palpitations  
  Consider pheochromocytoma.
- Cushingoid body habitus  
  Consider Cushing’s disease.
- Persistent or severe elevation  
  Consider medications, illicit drug use and excessive alcohol use.
- Loud snoring, obesity, gasping and daytime sleepiness  
  Consider sleep apnea.

DECISION SUPPORT FOR SELECTION OF A DRUG CLASS

Indications
- Stage 1: No compelling indications (as listed below)
- Stage 2: No compelling indications (as listed below)

Compelling indications for certain antihypertensive drugs
- Stable angina
- Acute coronary syndrome or unstable angina
- Postmyocardial infarction
- Heart failure – asymptomatic with left ventricular dysfunction
- Heart failure – symptomatic left ventricular dysfunction
- High coronary artery disease risk
- Diabetes
- Chronic kidney disease
- Recurrent stroke prevention

Recommendations
- Diuretic for most. May consider ACEI, ARB, BB, CCB or combination.
- Two-drug combination for most. Usually thiazide diuretic plus ACEI or ARB, BB or CCB.

Compelling indications for certain antihypertensive drugs
- BB (alternate is long acting CCB)
- BB or ACEI
- ACEI, BB or AldoAnt
- ACEI or BB
- ACEI, BB, ARB, AldoAnt or loop diuretic
- Diuretic, BB, ACEI or CCB
- ACEI, ARB, diuretic, BB or CCB
- ACEI or ARB
- Diuretic or ACEI

ACEI = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; BB = beta blocker; CCB = calcium channel blocker; AldoAnt = aldosterone antagonist.

GENERIC DRUGS

Diuretics
- Chlorthalidone, 12.5 to 25 mg once daily
- Hydrochlorothiazide (HCTZ), 12.5 to 50 mg once daily
- Triamterene/HCTZ, 37.5 to 75 mg/25 to 50 mg once daily

Aldosterone blockers
- Spironolactone, 25 to 50 mg once daily

Angiotensin-converting enzyme inhibitors
- Lisinopril, 10 to 40 mg once daily
- Enalapril, 2.5 to 40 mg daily, divided doses once to twice daily

Beta blockers
- Metoprolol, 50 to 100 mg once to twice daily
- Atenolol, 25 to 100 mg once daily

BODY MASS INDEX CALCULATOR
