

Mr/Mrs: _____; Age: _____

GUIDELINE WORKSHEET "Subjects Without Known Hypertension"

Date: _____ Time: _____

Please, answer the following questions (tick or cross):

Do you suffer from one of the following diseases? (multiple choices possible)

- Diabetes Heart failure
 Coronary heart disease Stroke
 Chronic kidney disease Myocardial infarction ("Heart attack")

Do you currently smoke?

- No Yes

Does one of these diseases exist in your family (1st degree relative)?

- No Yes

FILLED-IN BY THE PHARMACY:

After 5 min rest, we measured the following blood pressure and pulse rates

right / left upper arm / wrist while seated:

1st Measurement: _____ / _____ mmHg Pulse: _____ min⁻¹

2nd Measurement: _____ / _____ mmHg Pulse: _____ min⁻¹
(1–2 min after the 1st measurement)

3rd Measurement: _____ / _____ mmHg Pulse: _____ min⁻¹
(1–2 min after the 2nd measurement)

Mean: _____ / _____ mmHg Pulse: _____ min⁻¹
(of 2nd and 3rd measurements)

The **mean** of the 2nd and 3rd measurements and the age are resulting in the following recommendation:

<80 years	80 years and older	Recommendation (tick or cross)
>140 mmHg systolic <i>or</i> >90 mmHg diastolic	>160 mmHg systolic <i>or</i> >90 mmHg diastolic	<input type="checkbox"/> Please, make an appointment with your physician within 4 weeks
130–140 mmHg systolic <i>or</i> 85–90 mmHg diastolic	130–160 mmHg systolic <i>or</i> 85–90 mmHg diastolic	<input type="checkbox"/> Please, repeat blood pressure measurements at least annually
<130 mmHg systolic <i>and</i> <85 mmHg diastolic	<130 mmHg systolic <i>and</i> <85 mmHg diastolic	<input type="checkbox"/> Please, repeat blood pressure measurements at least every 3 years

Indication of arrhythmias: No Yes (if not already known, please make an appointment with your physician as soon as possible)

Your contact person in the pharmacy

Pharmacy Stamp / Signature

Please, share this worksheet with your physician. If necessary, he/she will discuss diagnostic and therapeutic options with you.

