

GUIDELINE WORKSHEET "Patients With Known Hypertension"

Date: _____ Time: _____

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

When did your physician first diagnose high blood pressure/hypertension?

- less than 1 year ago
- between 1 and 5 years
- more than 5 years ago

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 take medication for high blood pressure/hypertension or other cardiovascular drugs?

- No
- Yes, the following:

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

- No
- Yes

Do you currently smoke?

- 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:

<65 years	65 years and older	Recommendation (tick or cross)
>130 mmHg systolic <i>or</i> >80 mmHg diastolic	>140 mmHg systolic <i>or</i> >80 mmHg diastolic	<input type="checkbox"/> Please, make an appointment with your physician within 4 weeks
<120 mmHg systolic <i>or</i> <70 mmHg diastolic	<120 mmHg systolic <i>or</i> <70 mmHg diastolic	<input type="checkbox"/> Please, at your next appointment, inform your physician
120–130 mmHg systolic <i>and</i> 70–80 mmHg diastolic	120–140 mmHg systolic <i>and</i> 70–80 mmHg diastolic	<input type="checkbox"/> Please, continue to measure your blood pressure regularly

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.