

# Medical Questionnaire

## HYPERTENSION

Description: Hypertension (HTN) or high blood pressure is a chronic medical condition in which the blood pressure in the arteries is elevated.

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Age of client: \_\_\_\_\_ How many years ago was it diagnosed: \_\_\_\_\_

Highest blood pressure reading: \_\_\_\_\_/\_\_\_\_\_ Average reading: \_\_\_\_\_/\_\_\_\_\_

Current medications: \_\_\_\_\_

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Have any of the following conditions below been diagnosed: (check those that apply)

- Obesity                      If yes, Height \_\_\_\_\_ft\_\_\_\_\_in    Weight \_\_\_\_\_lbs
- Elevated Cholesterol            If yes, last cholesterol reading \_\_\_\_\_
- Diabetes                      If yes, date diagnosed \_\_\_\_\_
- Heart attack                      If yes, date diagnosed \_\_\_\_\_
- Coronary Artery Disease            If yes, date diagnosed \_\_\_\_\_
- Peripheral Vascular Disease            If yes, date diagnosed \_\_\_\_\_

**See other medical questionnaires for all that apply**