

HYPERTENSION QUESTIONNAIRE

(To be completed by the Attending Physician)

Name of Proposer : _____

NRIC Number : _____ Age : _____ Sex : () Male () Female

1. What was the date an Elevated Blood Pressure Reading was first noticed and/or recorded?

Date : _____ Blood Pressure Readings : _____

2. What are the subsequent Blood Pressure Readings after treatment was initiated (last 3 years records only)?

Date	Blood Pressure Readings	Date	Blood Pressure Readings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Were there any investigations carried out to ascertain the cause(s) of the Elevated Blood Pressure? E.g. Chest X-Ray, ECG, Stress SCG, Blood Tests, Scans, Microurinalysis etc.

() Yes () No (If the answer is Yes, please complete the details below)

Types of Investigation	Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Has the Proposer suffered from any End Organ Damage as a result of his/her Elevated Blood Pressure?

(a) Heart : () Yes () No (a) Brain : () Yes () No

(a) Kidney : () Yes () No (a) Eyes : () Yes () No

If the answer to any of the above is Yes, please indicate the extent of the Organ Damage :

5. What were the Dates and Types of Medication prescribed for the Elevated Blood Pressure over the past 3 years?

Date	Name of Medication	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Is the Proposer currently on Medication? () Yes () No

If the answer is Yes, what type of medication and dosage?

Medication : _____ Dosage : _____

If the answer is No, please provide the date and reasons the treatment was discontinued :

Date : _____

Reasons : _____

7. Was Fundoscopy done on the Proposer? () Yes () No

If the answer is Yes, please provide details of the Fundoscopy Results :

8. Is the Proposer regular with his/her follow-up treatment at your Clinic? () Yes () No

9. Does the Proposer strictly adhere to the advice and treatment prescribed by you? () Yes () No

10. To the best of your knowledge, is the Proposer suffering from any other illness apart from his/her Elevated Blood Pressure?

If the answer is Yes, please provide details :

This Report has been prepared by :

Name of Doctor : _____ Signature : _____

Clinic Rubber Stamp : _____ Date : _____

Note: All expenses incurred in the completion of this Questionnaire have to be borne by the Proposer.