

49764

Patient-Physician



Partnership

Generic Blood Pressure

Pt Study # (PID)

R - -

BP_Date (mm/dd/yyyy)

/ /

BP visit

Baseline Blood Pressure Form

1. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS

a. Time of Blood Pressure measurements (noon = 12:00 pm):

: :

☐ AM☐ PMb. Cuff size ☐ Small (17-22 cm) ☐ Medium (22-32 cm) ☐ Large (32-42 cm)

c. Blood Pressure device #

BP device #

or Wrist Cuff#

Wrist Cuff #

d. Weight

pounds

e. Height

feet

inches

f. Medication (HBP):

Name

Dosage - mg

Freq.
(daily)Read from
label☐ yes☐ no

Medication (HBP):

☐ yes☐ no

Medication (HBP):

☐ yes☐ no

Medication (HBP):

☐ yes☐ no

Medication (HBP):

☐ yes☐ no

Medication (HBP):

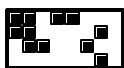
☐ yes☐ no

Medication (HBP):

☐ yes☐ no

Medication (HBP):

☐ yes☐ no



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	Name	Dosage - mg	Freq. (daily)	Read from label
Medication (HBP):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> yes <input type="radio"/> no
Medication (HBP):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> yes <input type="radio"/> no

Wait 5 minutes seated

2. FIRST BLOOD PRESSURE

a. BP value

SBP / DBP
 / mm Hg

b. Pulse rate

Wait 30 seconds

Escape Level #1 - If SBP >180 mmHG or DBP >110 mmHg, at any one visit, refer for medical care.

Escape Level #2 - SBP > 170 mmHg or DBP >105 mmHg, refer to medical care if repeat BP obtained within 7 days also exceeds this level.

3. SECOND BLOOD PRESSURE

a. BP value

 / mm Hg

b. Pulse rate

Wait 30 seconds

4. THIRD BLOOD PRESSURE

a. BP value

 / mm Hg

b. Pulse rate

5. Average of the SBP's and DBP's, items 2a, 3a, and 4a

 / mm Hg Collected by (staff ID) Entered by (staff ID)