Hypertension Review Checklist for Routine Check-Ups

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Checklist

- Blood Pressure Measurement: [Insert BP Reading]
- Weight: [Insert Weight]
- Heart Rate: [Insert Heart Rate]
- Medication Adherence: [Yes/No]
- Side Effects Reported: [Yes/No]
- Patient Symptoms: [Describe Symptoms]
- Lifestyle Modifications:
    - Diet: [Describe Diet]
    - Exercise Routine: [Describe Exercise]
    - Smoking Status: [Smoker/Non-Smoker]

Plan

1. Adjust medications as necessary.

2. Follow-up Appointment: [Insert Date]

3. Additional Referrals: [List Referrals]

Physician Signature

_____

Dr. [Insert Doctor's Name]