

# Hypertension questionnaire – Physician

Full name of applicant:

Application number:

1. When was your patient first noted to be hypertensive and what were the blood pressure readings at that time?

2. Have investigations been made to determine the cause? If so, what were the results and final diagnosis?

3. Has treatment with anti-hypertensive or other drugs been given? Yes  No

If Yes:

a) When did treatment commence?

b) What was the average blood pressure immediately prior to treatment?

c) What drugs are being taken?

d) Does your patient adhere strictly to the prescribed treatment?

e) Is the condition considered to be satisfactorily controlled?

f) If treatment has been changed or discontinued please provide details and dates.

4. Please advise all blood pressure levels measured within the last year and the dates these were taken. If blood pressure has been checked less than 3 times in this period, please advise the last three readings and dates.

5. Has the patient ever been hospitalised for control of their hypertension or a related condition? Yes  No   
If yes, please provide the details including dates.

6. Have any complications of hypertension ever been noted?

a) Retinopathy

Yes  No

b) LVH

Yes  No

c) Nephropathy

Yes  No

If yes, please provide the date of evaluation and the grade/extent of the complication.

7. Please give the dates and results of any ECG, echocardiography, chest X-ray or other investigations performed since treatment was started.

8. Please give details of any blood or urine analysis done within the last two years.

9. Has the condition resulted in any significant (more than one week) time off work? Yes  No   
If yes, please provide the details including duration and dates.

10. Please comment on any factor or condition not already covered above which may influence the prognosis of your patient's hypertension, e.g. smoking, obesity, diabetes, hyperlipidaemia, etc.

Signature

Date

Please print name and add clinic stamp