

Hypertension (High Blood Pressure) Worksheet

Please use this worksheet to assist your clinician in providing the required FAA information for initial reporting or subsequent follow up for hypertension.

Date:

Patient's Name:

Age: Weight:

Height:

Today's Vital Signs:

FAA requires three **blood pressure readings** at least 24 hours apart:

1) Date: BP: _____ / _____

2) Date: BP: _____ / _____

3) Date: BP: _____ / _____

Medical History:

Family and Social History:

Cardiac Risk Factors including tobacco history:

Date of **EKG** within last 6 months (attach tracing):

Results:

*Note: Stress Testing **NOT** Required unless clinically indicated (see AMAS Stress Testing Specifications if needed)*

Required Laboratory Studies

Cholesterol:

LDL:

HDL:

TRIG:

Fasting Blood Sugar (if above lab normal requires HbA1c):

Creatinine:

Potassium especially if taking diuretic:

Medications / Treatment:

Med:

Dosage:

Frequency:

Med:

Dosage:

Frequency:

Med:

Dosage:

Frequency:

Are there any side effects and if so describe:

Physician Name, Title, and Signature: