

Hypertension/Dyslipidemia Flow Sheet

Patient Name:

Medical Record #:

Date of Birth: / /	Gender: M / F	Smoker: Never / Past / Current	Nicotine Replacement Therapy Never / Past / Current	Height (inches):	BMI:
CV Risk Factors		Modifiable: <input type="checkbox"/> Diabetes <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Smoking <input type="checkbox"/> BMI > 25 <input type="checkbox"/> Sedentary lifestyle Non-modifiable: <input type="checkbox"/> Family history CHD <input type="checkbox"/> Personal history CHD <input type="checkbox"/> Age: Female > 65 Male > 55			

VITAL SIGNS ENTER VITAL SIGNS READINGS

DATES OF SERVICE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
BP < 140/90 (diabetes or kidney disease < 130/80)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	L R	L R	L R	L R	L R	L R	L R	L R
Weight (lbs)								
Pulse								

LAB PROFILE/STUDIES ENTER TEST DATE and RESULTS

Fasting Lipid Profile	TC: LDL: HDL: TGL:	/ /						
EKG	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :
Hematocrit	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :
Potassium	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :
Creatinine	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :
Glucose	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :
Urinalysis (proteinuria)	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :
LFTs	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :	/ / :

SELF-MANAGEMENT COUNSELING GOALS PATIENT GOALS (Set jointly by clinician & patient) Date Goal Set Date Goal Met

Diet/nutrition	Low-sodium, high-fiber diet, including lots of fruits and vegetables, food low in saturated fat and 0 grams trans fat.		/ /	/ /
Physical activity	Regular, moderate physical activity, such as a brisk walk, for at least 30 minutes/day, 5 days a week.		/ /	/ /
Weight management	BMI >25 kg/m ² : 10% weight reduction at 1-2 lbs/week (Goal BMI: < 25 kg/m ²).		/ /	/ /
Smoking cessation	For smokers, set a quit date, if ready.		/ /	/ /
Alcohol intake	♂ 24 oz beer or 10 oz wine or 3 oz spirits/day ♀ & lighter wt persons: 12 oz beer or 5 oz wine or 1.5 oz spirits/day		/ /	/ /
Stress management	Assess/advise on recreation, sleep, home safety, and social support. Provide referrals as needed.		/ /	/ /
BP self-monitoring	Take BP at home. Check accuracy of home equipment vs. in office.		/ /	/ /
Medication adherence	Medication is taken as prescribed.		/ /	/ /

MEDICATION REVIEW FILL IN USING MEDICATIONS LISTED BELOW

Hypertension: Thiazide - Type Diuretic Beta Blocker ACE-I/ARB Calcium Channel Blocker Other
 Compelling indications for 1st line treatment other than thiazide
 CAD (Confirmed or Suspected) Post-MI Heart Failure History CVA Diabetes Kidney Disease

Dyslipidemia: Statin Fibrates Niacin Cholesterol Absorption Inhibitor Bile Acid Sequestrants Other

Medication	Start Date	Stop Date	Adherence/Adverse Effects/Plan
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	