

Hypertension Status Report Worksheet

Patient Name: _____ DOB: _____

Condition stable on current regimen for at least 7 days and no changes in treatment recommended:

Yes No

Experienced hypertension symptoms include None or _____

Blood pressure in office taken at least 7 days after starting most recent blood pressure medication:

Date: _____

Result: _____ / _____

All current medication(s) and dose(s):

Does the patient have any current medication side effects? Y N
If yes, what side effects? _____

Treating Physician's Signature

Physician's Printed Name

Date

Expert FAA Medical Assistance!

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