HYPERTENSION

SCREENING FORM

PERSONAL INFORMATION

Full Name :

Date of Birth : ☐☐ ☐☐ ☐☐
D D M M Y Y

E-Mail :

Phone Number : **Gender** : ☐ Male ☐ Female

MEDICAL HISTORY

Do you have a diagnosis of hypertension, high blood pressure, or elevated blood pressure?

☐ Yes **If yes, how long have you been diagnosed?**

☐ No

Do you have an immediate family member with a history of hypertension? ☐ Yes ☐ No

LIFESTYLE AND DIETARY HABITS

How would you describe your typical diet?

☐ Balanced and healthy

☐ High in sodium/salt

☐ High in processed foods

☐ Other (please specify): _____

Do you engage in regular physical activity?

☐ Sedentary ☐ Low activity ☐ Moderate activity ☐ Active

How often do you consume alcoholic beverages?

☐ Rarely or never ☐ Occasionally ☐ Frequently ☐ Constantly

Do you drink energy drinks?

☐ Rarely or never ☐ Occasionally ☐ Frequently ☐ Constantly

Do you smoke or use tobacco products? ☐ Yes ☐ No ☐ Former smoker

THANK YOU FOR YOUR INFORMATION

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SYMPTOMS

Please indicate the frequency of the following symptoms over the past few months:

Headaches: ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Constantly

Dizziness or lightheadedness: ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Constantly

Shortness of breath: ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Constantly

Chest pain or discomfort: ☐ Yes ☐ No **Vision changes** ☐ Yes ☐ No

BLOOD PRESSURE MONITORING

Have you ever been told that your blood pressure is measured 130/80 mm Hg or greater? ☐ Yes ☐ No

SLEEP QUALITY

How would you rate the quality of your sleep? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

SUPPORT SYSTEM

Do you feel you have a strong support system?

☐ Yes, very strong ☐ Yes, somewhat strong ☐ No, not really ☐ No, not at all

STRESS LEVEL

How would you describe your current stress level?

☐ Very Low ☐ Low ☐ Moderate ☐ High ☐ Very High

ADDITIONAL INFORMATION

Have you been diagnosed with diabetes? ☐ Yes ☐ No

Are you on any chronic pain medication? ☐ Yes ☐ No

Do you have a history of kidney disease? ☐ Yes ☐ No

If you answered 'Yes' to any of the symptoms or have other risk factors, contact us now.

THANK YOU FOR YOUR INFORMATION