



Patient Name: Helicop Pam  
MRN : 8    DOB: 09/27/2023  
Date of Visit: 09/27/2023  
Provider : Waddell, Ben MD



# Hypertension

## HPI

- ☐ Compliant with Meds
- ☐ No new Symptoms

## EXAM (check if normal)

- ☐ Gen:
- ☐ Hint:
- ☐ Resp:
- ☐ CV:
- ☐ GI:
- ☐ MSK:
- ☐ Derm:
- ☐ Neuro:

## Assessment:

1. Hypertension

2. \_\_\_\_\_

3. \_\_\_\_\_

## Plan:

- 1.
- 2.
- 3.
- 4.
- 5.

- ☐ Gross Motor: (moves hands well, crawling)
- ☐ Fine Motor: (picks up pencil, feeds self)
- ☐ Cognitive: (2-3 words, yes/no)
- ☐ Social/Emotional: (Cries when left alone)

## Vital Signs

BMI \_\_\_\_\_

Heart Rate \_\_\_\_\_

Height \_\_\_\_\_ inches

Weight \_\_\_\_\_ lbs

Blood Pressure \_\_\_\_\_

Respiratory Rate \_\_\_\_\_

- ☐ Allergies (mark reviewed)

- ☐ Medications (mark reviewed)

- ☐ Family History (mark reviewed)

- ☐ Social History (mark reviewed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_