



Patient Name: First Name Last Name  
MRN : 0    DOB: 10/24/2023  
Date of Visit: 10/24/2023  
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: \_\_\_\_\_