



# Hypertension

## HPI

- ☐ Compliant with Meds  
☐ No new Symptoms

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## 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)

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- ☐ Medications  
(mark reviewed)

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- ☐ Family History  
(mark reviewed)

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- ☐ Social History  
(mark reviewed)

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

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