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Hypertension Evaluation Worksheet

Date ___ \ ___ \ ___ Name _____

Age ___ Weight _____ Height _____

Smoking History _____ or Non-smoker _____

Personal Medical History _____

Family Medical History _____

Age

Health

Cause of Death

Father _____

Mother _____

Brothers _____

Sisters _____

Coronary Risk Factors _____

Blood Pressure Readings

#1 Date ___ \ ___ \ ___ _____ \ _____

#2 Date ___ \ ___ \ ___ _____ \ _____

#3 Date ___ \ ___ \ ___ _____ \ _____

ECG(resting) (Enclose copy) Stress Test (If indicated) Include copy of results,(Worksheet and all EKG strips)

Fasting Plasma Glucose _____ Total Cholesterol _____ LDL Cholesterol _____

HDL Cholesterol _____ Triglyceride _____ Creatinine _____ Potassium _____

MEDICATIONS:

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Presence/Absence/History of adverse side effects/ Any Cardiovascular Symptoms: _____

Physician's Name _____

Physician's Signature _____