Hypertension (High Blood Pressure) Worksheet

Please use this worksheet to assist your clinician in providing the required FAA information for initial reporting or subsequent follow up for hypertension.

Date: 
Patient’s Name: 
Age:  Weight:  Height:  
Today’s Vital Signs:  

FAA requires three **blood pressure readings** at least 24 hours apart:

1) Date:                 BP:  _____ / _____  
2) Date:                 BP:  _____ / _____  
3) Date:                 BP:  _____ / _____  

Medical History:

Family and Social History:

Cardiac Risk Factors including tobacco history:

Date of **EKG** within last 6 months (attach tracing):  Results:  

*Note:  Stress Testing **NOT** Required unless clinically indicated (see AMAS Stress Testing Specifications if needed)*

**Required Laboratory Studies**

- Cholesterol:  
  - LDL:  
  - HDL:  
  - TRIG:  

- Fasting Blood Sugar (if above lab normal requires HbA1c):  
  - Creatinine:  
  - Potassium especially if taking diuretic:  

**Medications / Treatment:**

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<tr>
<th>Med</th>
<th>Dosage</th>
<th>Frequency</th>
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Are there any side effects and if so describe:  

**Physician Name, Title, and Signature:**