

YOUR HIGH BLOOD PRESSURE VISIT

What to Expect, What to Ask

Your Name: _____

Are there specific concerns you want to discuss today? No Yes _____

Have there been any major changes in your family lately?

- None Move Job Change Separation Divorce Death in the family New pet Other?
Describe: _____

General Health Information. Since Your Last Visit:	Yes	No	Unsure
Have you had any major illness and/or hospitalizations?			
Have you or anyone in your family developed any new medical problems?			
Are there any changes to your medications?			
Are your immunizations (includes flu and pneumonia vaccines) current?			
Do you or any adults who are around you smoke (includes inside or outside the house)?			

Have you been seen in the emergency room in the last 6 months for high blood pressure?

- No Yes, 1-2 times Yes, 3-4 times Yes, 5-6 times Yes, more than 6 times

Have you been hospitalized for high blood pressure in the last 12 months?

- No Yes, 1-2 times Yes, 3-4 times Yes, 5-6 times Yes, more than 6 times

In the last 12 months have you talked with a doctor or health provider about any of the following high blood pressure symptoms?

- Severe headaches Confusion Chest pain Blurred vision
 Nausea and vomiting Pounding in chest, neck Feeling very tired Dizziness

Do you check your blood pressure?

- Yes, everyday Yes, weekly Yes, every other week Yes, monthly

Have you talked with a doctor or health provider about starting or stopping any medications?

Medication list:	Medication Concerns:		
	No	Yes	Describe
	No	Yes	Describe
	No	Yes	Describe
	No	Yes	Describe
	No	Yes	Describe

Have you received referrals, tests, follow-up on tests results and or other needed care promptly? No Yes

Would you like to get more information on any of the topics below?

Medications/Treatments	Symptoms/Complications	Health Promotion	Nutrition
High blood pressure medicine	Signs of high blood pressure	Smoking Cessation [National Quitline: 1-800-QUITNOW (784-8669)]	Healthy diet
Checking/monitoring blood pressure	Normal blood pressure range	High blood pressure prevention	Calorie intake
High blood pressure specialist	Complications of high blood pressure	Exercise routine	Healthy snacks
Herbal remedies	High blood pressure risks	When to call doctor	Decrease salt use
	Causes of high blood pressure	Vision appointment	Alcohol intake
		Weight management	
		Reduce stress	

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this form at your next visit.

Peach State Health Plan is contracted with Medicare for HMO and HMO SNP plans, and with the Georgia Medicaid program. Enrollment in Sunshine Health Medicare Advantage depends on contract renewal.

Peach State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Vietnamese, language assistance services, free of charge, are available to you. Call 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).