
Blood Pressure Questionnaire

to be completed by the medical attendant

Full name of applicant

1 When was your patient first noted to be hypertensive?
What was the blood pressure at that time?

2 Have investigations been made to determine the cause
If yes, what were the results and final diagnosis? Yes No

3 Has treatment with antihypertensive or other drugs been given? Yes No
If yes,
a) when did treatment commence?
b) what was the average BP immediately prior to treatment?
c) please give the subsequent and current BP levels including dates
d) what drugs are being taken? (Please state dosage)
e) does your patient adhere strictly to the prescribed treatment?
f) is condition considered to be satisfactorily controlled?

If treatment has been discontinued, please give date of cessation

4 Have any complications of hypertension ever been noted? Yes No
If yes, please give details including the dates and duration of any
time off work

5 Please give the dates and results of any chest X-ray, ECG or other tests that have been performed since
treatment was started

Full Names of Medical Attendant

Stamp & Signature

Date