



Provider ID # _____

Study ID #: _____

Clinical Performance Measure

Attach to encounter form at each patient visit.

TO BE COMPLETED BY NURSE OR PROVIDER

Patient Name: _____

DOB: ___/___/___ Duke MR # (If applicable) _____

Date of last visit: ___/___/___ BP last visit: ___/___

Date of current visit: ___/___/___ BP this visit: ___/___

Risk factors/co-morbidities (check all that apply):

- Hypertension
- Diabetes
- Chronic Kidney Disease
- Coronary disease
- Heart failure
- Obesity/Overweight (BMI \geq 25)
- CVD

Weight: _____ lbs Height: _____ inches

TO BE COMPLETED BY PROVIDER

Current BP medications at the start of this visit (check all that apply; check both classes if on combination drug):

- Diuretic ___ Thiazide ___ Other Diuretic
- Beta blocker
- Calcium channel blocker
- Peripheral alpha antagonist (e.g., doxazosin/cardura)
- Central alpha agonists (e.g., clonidine)
- Vasodilator (e.g., minoxidil, hydralazine)
- Ace inhibitor
- Angiotensin receptor blocker (ARB)
- Other (please specify _____)

Is this patient at goal BP? (General <140/90; DM/CKD <130/80) ___yes ___no

Actions taken on this visit (check all that apply):

- Start new BP medication
- Adjust dose of current BP medication
- Stop BP medication
- Refer to hypertension specialist
(or to cardiologist or nephrologist for BP control)
- Refer for dietary counseling
- No action taken
- Counsel for weight loss
- Counsel to reduce sodium intake
- Counsel to increase physical activity
- Counsel to reduce alcohol intake
- Counsel on DASH diet
- Counsel regarding adherence

Number of minutes spent addressing BP: _____ minutes

Time of next scheduled visit: ___ weeks or ___ months

Follow-up visit with ___MD ___Other health professional