

KNIGHTS OF COLUMBUS  
 FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC.  
 GEN. LUNA COR. STA. POTENCIANA ST., INTRAMUROS  
 P.O. BOX 510, MANILA  
 TEL. NO. 527-22-23 to 27 ; 527-22-49 to 55

### ATTENDING PHYSICIAN'S HYPERTENSION QUESTIONNAIRE

Name of Applicant: \_\_\_\_\_  
 Residence : \_\_\_\_\_

Please state the full particulars in reply to each Question, using an additional sheet, if necessary.

1. How long have you been the Attending Physician of the applicant
  1. \_\_\_\_\_
  2. a. When was an elevated blood pressure first noticed? \_\_\_\_\_
  - b. What was the blood pressure at that time? (Please state representative findings, including the highest.) \_\_\_\_\_
  - c. Were there any eyeground changes noticed? (If so, please give details.) \_\_\_\_\_
  - d. Is the applicant's hypertension considered to be secondary to some other condition? (If so, please state nature and date of first manifestation of underlying condition.) \_\_\_\_\_
3. Has there been any complications affecting the heart, brain, or kidneys? (If so, please state date and nature of complication.) \_\_\_\_\_
  3. \_\_\_\_\_
4. a. What type of treatment was instituted and on what date? \_\_\_\_\_
  4. a. \_\_\_\_\_
  - b. If drugs were prescribed, please give details including dosage. (If different drugs were used at different periods, please indicate these particulars for each period and state reason for change.) \_\_\_\_\_
  - c. What effect did treatment have on the blood pressure? Please give representative readings and their dates. \_\_\_\_\_
  - d. Is the applicant still on treatment? (If not, when and for what reason was treatment discontinued.) \_\_\_\_\_
5. a. What is the present blood pressure level? (Please indicate the range if recent blood pressures and readings including dates.) \_\_\_\_\_
  5. a. \_\_\_\_\_
  - b. Please state date and result of any fundoscopic, radiological or electrocardiographic examination. (If you can lend us the most recent ECG and Radiographic examination, it will be most appreciated.) \_\_\_\_\_
6. Please state any other relevant facts, e.g. any other disorders, mode of living, cooperation of patient, which in your opinion may affect the prognosis. \_\_\_\_\_
  6. \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Attending Physician over printed name