

HP04: Second Clinic Visit Form

Purpose

The *Second Clinic Visit* was scheduled during the First Clinic Visit (HP03). All persons found blood pressure eligible during the First Clinic Visit were asked to return for a physical examination and randomization. See **Section 4.6** of the *Manual of Operations* for detailed instructions on the HP04.

Special Considerations

- The standardized physical examination is described in **Section 8.4** of the HDFP *Manual of Operations*.

Form No. 1.2

1. Program Number: 3.4 5.6.7.8.9 10.11 1

003214 2

Name: (PRINT IN BLOCK CAPITALS) 12.13.14.15.16.17. BATCH NO. 18.19.20.21.22.23.24.25
ACROSTIC

(Mr., Miss, Mrs.) Last First Middle

3. Date: 3 Month 26.27 Day 28.29 19 30.31 Year

4. Time arrived: 4 Hour 32.33 : 5 Minute 34.35 a.m. p.m. 36

5. Changes required in identifying information: 7 None HP11A attached 37

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

6. Randomization determined: 9 Envelope Number: 8 RCG SCG 38
39.40 41.42.43.44 142000 010001

7. Review of completed HPO4:

- Every item on each page is complete and legible.
- Name, Program Number and Randomization Envelope Number are correct.
- Chest x-ray completed.
- HP12, Clinical Center Laboratory Report, initiated and entered in Clinic Record.
- Fasting blood specimen obtained.
- One-hour blood specimen obtained.

10 RCG Participants: 45
 Diastolic blood pressure less than 125: Participant referred.
 Diastolic blood pressure 125 or more: Special measures started.

SCG participants:

- Special tests are not indicated at present.
- or Special tests have been ordered; HP10 initiated and attached to Clinic Record.
- Initial Treatment Visit scheduled, Date: 11 Month 46.47 Day 48.49 19 50.51 Year 52.53 Hour 54.55 Minute 56 a.m. p.m.
- Appointment slip given.
- Clinic Medical Record complete.

8. Time visit completed: 15 Hour 57.58 : 16 Minute 59.60 a.m. p.m. 61

This section completed by: 18 6263

9. Interval Medical History:

a. How have you been feeling since your last visit? (Enter comments as necessary.)

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19 64

b. Have you started any new medicines, or have you stopped taking any medicines since your last visit?

No Yes 20
65 Describe:

21 66

FOR MEN SKIP TO 10.

c. Are you currently taking birth control pills?

No Yes 22
67

10 Blood Pressure Measurements:

23

200
30

a. Pulse: Beats in 30 seconds _____ x 2 = **68.69.70** beats/minute.

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I will be taking six blood pressure readings, four of them while you are seated and two of them just after you stand up.

Blood pressure readings:

		Systolic	Diastolic (5th phase)	
Reading 1 (Std)	300 60	24 71.72.73	25 74.75.76	200 0
Reading 2 (R-Z)	301 60	26 77.78.79	27 80.81.82	299 0
Zero	99 0	28 83.84	29 85.86	99 0
Corrected	300 60	30 87.88.89	31 90.91.92	200 0 →
Reading 3 (Std)	300 60	32 93.94.95	33 96.97.98	200 0
Reading 4 (R-Z)	301 60	34 99.100.101	35 102.103.104	299 0 +
Zero	99 0	36 105.106	37 107.108	99 0
Corrected	300 60	38 109.110.111	39 112.113.114	200 0 →
Average of Readings 2 and 4			40 115.116.117	400 0 SUM
Reading 5 (Std) (One minute after standing)	300 60	41 118.119.120	42 121.122.123	200 0
Reading 6 (R-Z) (One minute after standing)	301 60	43 124.125.126	44 127.128.129	299 0
Zero	99 0	45 130.131	46 132.133	99 0
Corrected	300 60	47 134.135.136	48 137.138.139	200 0

c. Is SUM less than 180? No Yes
49 140 Participant is at goal blood pressure.

d. Is the corrected systolic value of Reading 6 lower than the corrected systolic value of Reading 4, by 20 or more?

e. Remarks:

50 No Yes
 141 Is the participant dizzy or faint after standing?

52 143

51 No Yes
 142 Findings are suggestive of postural hypotension.

53 Pounds
 144 145 146 500
 50

11. Weight:

Observer: _____

54

147.148

PARTICIPANT SHOULD NOW BE SENT TO THE LAB FOR DRAWING OF BLOOD SAMPLE AND ADMINISTRATION OF GLUCOSE LOAD.

PHYSICAL EXAMINATION

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Area Examined

Description of Findings

<p>12. GENERAL APPEARANCE:</p>	<p>Abnormal <input type="checkbox"/> Normal <input checked="" type="checkbox"/></p> <p style="text-align: center;">149</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">56 150</p>
<p>13. SKIN:</p>	<p>Abnormal <input type="checkbox"/> Normal <input checked="" type="checkbox"/></p> <p style="text-align: center;">151</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">59 153</p>
<p>Xanthomata:</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p style="text-align: center;">152</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">61 155</p>
<p>14. EARS, NOSE AND THROAT:</p>	<p>Abnormal <input type="checkbox"/> Normal <input checked="" type="checkbox"/></p> <p style="text-align: center;">154</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">62 156</p>
<p>15. EYES:</p>	<p>Abnormal <input type="checkbox"/> Normal <input checked="" type="checkbox"/></p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">74 171</p>
<p>a. Scleral icterus:</p>	<p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p style="text-align: center;">157</p> <p>Initiate Special Tests (HP10).</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">70 99 0</p>
<p>b. Arteriolar spasm/focal constriction:</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p style="text-align: center;">158</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">71 165 166</p>
<p>c. A-V nicking:</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p style="text-align: center;">159</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">72 99 0</p>
<p>d. Hemorrhages:</p>	<p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p style="text-align: center;">160</p> <p>Affecting 2 or more quadrants of the same eye?</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">73 170</p>
<p>e. Exudates:</p>	<p>Absent <input type="checkbox"/> Hard <input checked="" type="checkbox"/> Soft <input checked="" type="checkbox"/></p> <p style="text-align: center;">161</p> <p>Confirmed by:</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">74 99 0</p>
<p>f. Papilledema:</p>	<p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p style="text-align: center;">162</p> <p>Confirmed by:</p>	<p style="border: 1px solid black; padding: 5px; display: inline-block;">75 99 0</p>
<p>Check if pupils dilated for funduscope exam: <input type="checkbox"/></p> <p style="text-align: center;">170</p>		<p style="border: 1px solid black; padding: 5px; display: inline-block;">76 99 0</p>

16. NECK:

a. Abnormal venous distension present:

b. Carotid bruits:

c. Diminished carotid pulsations:

(75)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
172				
(76)	Right	<input type="checkbox"/>	Left	<input checked="" type="checkbox"/>
	Both	<input type="checkbox"/>		<input checked="" type="checkbox"/>
173				
(77)	Right	<input type="checkbox"/>	Left	<input checked="" type="checkbox"/>
	Both	<input type="checkbox"/>		<input checked="" type="checkbox"/>
174				
(78)	Right	<input type="checkbox"/>	Left	<input checked="" type="checkbox"/>
	Both	<input type="checkbox"/>		<input checked="" type="checkbox"/>
175				

(79) 176

17. LYMPH NODES:

(80)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
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(81) 178

18. CHEST AND LUNGS:

Râles:

(82)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
179				
(83)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
180				

(84) 181

19. HEART:

a. Abnormal apical impulse:

b. Irregular apical heart rate:

c. Heart rate greater than 100/minute:

d. S 3 gallop:

e. Systolic murmur:

f. Diastolic murmur:

(85)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
182				
(86)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
183				
(87)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
184				
(88)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
185				
(89)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
186				
(90)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
187				
(91)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
188				

(92) 189

20. ABDOMEN:

a. Hepatomegaly:

b. Upper abdominal bruit:

(93)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
190				
(94)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
191				
				Initiate Special Tests (HP10).
(95)	Abnormal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
	No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
192				
				Initiate Special Tests (HP10) if indicated.

(96) 193

21. EXTREMITIES:

a. Definite ankle edema:

b. Pulses present:

posterior tibial

dorsalis pedis

femoral (only if posterior tibial and dorsalis pedis pulses are both missing)

	Abnormal	Normal
97	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	194	
	Yes	No
98	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	195	

	Right	Left
99	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	196	
100	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	197	
101	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	198	

Both
3
3
3

102 199

22. NEUROLOGICAL:

a. Hemiplegia:

b. Gross hemiparesis:

	Abnormal	Normal
103	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	200	
	Right	Left
104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	201	
	Right	Left
105	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	202	

Both
3
3

106 203

23. OTHER PHYSICAL FINDINGS, SPECIFY:

107 204

Physical examination by: _____

108

205 206

9
0

25. Review of results of examination - Discussion with participant:

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- General explanation of high blood pressure.
- Present status of individual in terms of risk factors:
 - Blood pressure and end-organ status

- 270 Smoking (if greater than 10 cigarettes per day)
- 271 Cholesterol (if greater than 250 mg/dl)
- 272 Percent of ideal weight (if 140% or greater)
- Explanation of Referral

If Regular Care Group:

a. Participant's choice of care,

specify: 175 273

b. Results to be sent to physician:

- | | |
|--------------------------|---|
| No | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | ↓ |
| | Release of Program
Information (HPO3A) signed. |
| | <input type="checkbox"/> |

If Stepped Care Group:

a. Mode of contacting private physician:

- Participant to contact
- Program to contact
- 274 Participant does not wish to contact doctor.
- No doctor to contact

b. Are Special Tests required?

- | | | |
|---|--|------------------------------------|
| 177 | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> |
| 275 | | Enter on Special Tests form (HP 4) |

26. If participant is currently using medications and has brought them for identification at this visit describe (do not repeat entries listed under 21b., HPO3/10):

	<u>Reason for medication</u>	<u>When started</u>	<u>Identification</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	178 276-277	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

Reviewing physician: _____

179 278, 279 99