

CHAP+AP Nurse Assessment Form

Community Name: _____

Nurse Signature: _____

Please PRINT CLEARLY in CAPITALS

Client's Last Name

Client's Birthdate **19** - -
 (year) (3-letter month) (day)

Client's Phone

Sex Male Female

Nurse's Last Name

Nurse's First Name

Doctor's Surname

Assessment completed on **2008** - -
 (year) (3-letter month) (day)

Reason for Referral:

Systolic BP 160 - 179 mmHg Systolic BP ≥180 mmHg Low BP: Systolic < 90, Diastolic <60 mmHg Other: _____

1. BP Reassessment: (Please PRINT legibly)

Elevated BP confirmed using: BpTRU Auscultatory Both

Blood pressure (report Auscultatory if used): Systolic mmHg Diastolic mmHg Pulse

Notes: _____

2. Client Interview:

- a. Does the client have a family doctor? Yes No
- b. Client last seen by family doctor? _____
- c. Client has symptoms/feeling unwell? Yes No
- d. Has the client had caffeine/cigarettes before this assessment? Yes No
- e. Has the client been diagnosed with hypertension? Yes No
- f. Was the client prescribed pills for blood pressure? Yes No **If yes**, how long ago? _____
- g. If client is taking pills, are they taken regularly? Yes No **If yes**, were the pills taken today? Yes No
- h. Has the client had a change in blood pressure pills recently? Yes No
- i. Is the client taking other medications? Yes No **If yes**, are these pills: prescribed **AND/OR** over the counter
- j. Has the client been diagnosed with diabetes? Yes No
- k. Does the client have other serious health problems? Yes No **If yes**, how long ago? _____
- l. Has the client had changes in weight, stress, alcohol intake, diet, activity, tobacco use recently? Yes No

Notes: _____

3. Action(s) taken by Nurse: (Mark ALL that apply)

- Reviewed risk profile with client
- Provided Education Please list what: _____
- Referred to Regular or Session Pharmacist for consultation or MedsCheck appointment
- Called Client's Family Physician for discussion
- Called Client's Family Physician to suggest follow-up appointment
- Patient referred to Family Physician **OR** referred to Emergency Room immediately and Family Physician called to inform
- Notes:** _____
- Faxed risk profile form to Family Physician with assessment form (always required)
- Assist with setting appointment with community health supports (e.g. dietician) Please list what: _____
- No follow-up required