



Cardiovascular Health Awareness Program
Programme de sensibilisation à la santé cardiovasculaire

Appendix 7.9

CHAP Nurse Assessment Form

Community Name: _____

Nurse Signature: _____

Please PRINT CLEARLY in CAPITALS

Client's Last Name, Birth Date, Phone Number, Sex, Nurse's Last Name, First Name, Doctor's Name, Assessment completed on

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? b. Client last seen by family doctor? c. Client has symptoms/feeling unwell? d. Has the client had caffeine/cigarettes before this assessment? e. Has the client been diagnosed with hypertension? f. Was the client prescribed pills for blood pressure? g. If client is taking pills, are they taken regularly? h. Has the client had a change in blood pressure pills recently? i. Is the client taking other medications? j. Has the client been diagnosed with diabetes? k. Does the client have other serious health problems? l. Has the client had changes in weight, stress, alcohol intake, diet, activity, tobacco use recently?

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

- Reviewed risk profile with client, Provided Education, 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), No follow-up required