Ivy-Joan Madu, M.D., F.A.C.E
Diabetes Associates Medical Group
1234 W. Chapman Ave., Ste. 205
Orange, CA 92868
Tel 714.639.1815 | Fax 714.639.2374

Abnormal Blood Pressure Questionnaire

Patient Name/DOB: _____ Date: _____

Blood Pressure History

Which of the following best describes your blood pressure?

❒ High Blood Pressure ❒ Low Blood Pressure ❒ Erratic Blood Pressure ❒ Difficult-to-Control Blood Pressure

Do you have a **personal history** of any of the following endocrine disorders: ❒ Yes ❒ No then check the box that applies if yes

❒ Pheochromocytoma ❒ Parathyroid Disease ❒ Pituitary Disease ❒ Medullary Thyroid Cancer

Do you have a **family history** of any of the following endocrine disorders: ❒ Yes ❒ No then check the box that applies if yes

❒ Pheochromocytoma ❒ Parathyroid Disease ❒ Pituitary Disease ❒ Medullary Thyroid Cancer

Do you have any of the following: ❒ Yes ❒ No then check the box that applies if yes

❒ Tremors or Shakes ❒ Palpitations ❒ Low Potassium
❒ Easy Bruising of Skin ❒ Frequent Headaches ❒ Excessive Sweating

Do you sometimes feel faint upon standing up from a sitting position? ❒ Yes ❒ No

Do you have episodic symptoms or paroxysmal illness? ❒ Yes ❒ No

- If yes, what signs or symptoms develop suddenly: _____

Do you regularly consume nuts, skim milk, fruits and/or vegetables? ❒ Yes ❒ No

Do you like to add salt to your food? ❒ Yes ❒ No

Do you exercise regularly? ❒ Yes ❒ No

Do you find it difficult to lose weight? ❒ Yes ❒ No

How much weight have you *gained* in the past 1 year: _____

How much weight have you *lost* in the past 1 year: _____

What has been your highest body weight ever: _____

Do you take all your prescribed medications regularly? ❒ Yes ❒ No

Do you take your pressure medications spaced out during the day rather than all at the same time: ❒ Yes ❒ No

Do you routinely take any of the following medications? ❒ Yes ❒ No then check the box that applies if yes

❒ NSAIDS ❒ Migraine medication ❒ Cough medication ❒ Weight loss medication ❒ Antidepressants e.g. Prozac ❒ Stimulant's e.g. Ritalin

❒ Birth control pills ❒ Herbals e.g. Ephedra, Ginseng, Guarana, Licorice, Arnica ❒ Biologics e.g. Avastin ❒ Immunosuppressants e.g. Prograf

❒ Illegal drugs e.g. Cocaine, Amphetamines, Anabolic steroids