| (Mr., Miss, Mrs.) Last | First | Middle |
|--|---|--------------------------|
| Month Day Year | · | , |
| Date: 3 26,27 28,29 19 30,31 (-2) | | |
| Hour Aminute | 5. Changes required in | identifying information: |
| . Time arrived: 32.33 : 34.35 p.m. | None | HP11A attached |
| 59 36 | U | 37 |
| COMPLETE THE SECTION BELOW AT TE | RMINATION OF VISIT BEFORE PART | ICIPANT LEAVES |
| . Are special procedures indicated as of this visit? | | |
| Special Tests | Yes No | |
| Notification of Non-Fatal Event | | |
| Toxic Reaction Report | | |
| . Review of completed HPO5: | | |
| ☐ Every item on each page is complete and legible | | |
| ☐ Name and Program Number are correct. | | |
| ☐ HPO5A, Consent Form for Hypertension Treatm | nent Program, is fully executed and enter | red in Clinic Record. |
| ☐ HPO5B, Release of Medical Information, signed | and entered in Clinic Record. | |
| ☐ HPO5C, Flow Sheet for Blood Pressure, Weight | and Medications initiated. | |
| ☐ Antihypertensive medication was received (or no | one prescribed). | |
| ☐ Exit Interview completed by Health Counselor. | | |
| ☐ Appointment slip given: | | |
| Clinic Revisit schedule is: | | |
| ☐ Step-Up Schedule (2 weeks) | | |
| ☐ Maintenance Schedule A (4 we | eks) | |
| ☐ Individualized Therapy (specify | | |
| Date of next visit: Month Day 40 41 1 | | a.m. p.m. |
| Hour (3) Minute | 4) | |

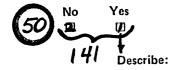
| 9. | Blood Pressure Measurements: | | × 2 = 56 57 5 | 200 | |
|----|--|--------------------------------|---|----------------------------|--|
| | a. Pulse: Beats in 30 seconds | | | • | 006813 |
| | I will be taking six blood pres. | sure reaa | ings, jour of them while you | are seatea ana two of them | just after you stand up. |
| | b. Blood pressure readings: | 30 . | Systolic | Diastolic (5th phase) | |
| | Reading 1 (Std) | 60 | 5960.61 | (18) 6263.64 200 | |
| | Reading 2 (R-Z) | 301 60 | (19) 65,66.67 | (20) 68 69, 70 299 | · challenge and an analysis an |
| | Zero | 99 | 21 71.72 | 22 73,74 99 | |
| | Corrected | 300 60 | 23 75.76.77 | 24 78.79.80 200 | |
| | Reading 3 (Std) | 300 60 | 25 81,82.83 | 26 84.85.86 200 | |
| | Reading 4 (R-Z) | 301 | 27 87.88.89 | 28) 90,91,92 299 | + |
| | Zero | 99 | 29 93.94 | 30 95.96 97 | · |
| | Corrected | 300 60 | 31 97.98.99 | 32/100,101,102 200 | |
| | | | 4 | | 33 103, 104, 105 SUM 40 |
| | Average of Readings | 2 and 4 | WW | AM | |
| | Reading 5 (Std) (One minute after sta | 300 nding) 60 | # 3.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 35 109.110.111 00 | |
| | Reading 6 (R-Z) (One minute after sta | 30 nding) 60 | 36, 112,113, 114 | 37 115 116 117 299 | |
| | Zero | 99 | 38 118 119 | 39 120,121 99 | |
| | Corrected | 300 60 | 40 22.123.124 | 4) [25/26/2] 200 0 | |
| | c. Is SUM less than 180? | No No | Yes Participant is at goal bloo | . | |
| | d. Is the corrected systolic value | / / ot & | | e. Remarks: | |
| | than the corrected systolic | value of f | Reading 4, by 20, or more? | | |
| | 43 | | | | 15/13/ |
| | Is the | participa Yes | ant dizzy or faint after stand | fing? | |
| | 44) = 130 | | ngs are suggestive of postura | I hypotension. | |
| | | | | | |
| 4 | J. Weight. Pounds 132/33/199 | 500 50 | Percent of ideal weight: (From standard table) | 135,136,137 72 | (48) |
| | | | Observer: | |) हा रहा |
| | | | | | |

9. Blood Pressure Measurements:

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

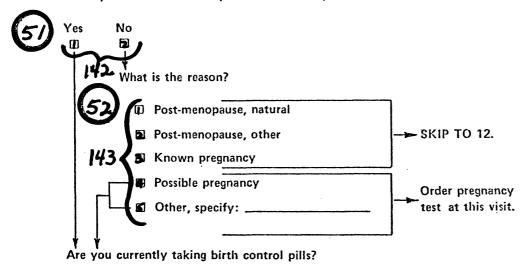


b. Have you started any new medicines, or have you stopped taking any medicines since your last visit?



FOR MEN SKIP TO 12.

c. Have you had a menstrual period within the past six weeks?





53 P Discuss at this visit.

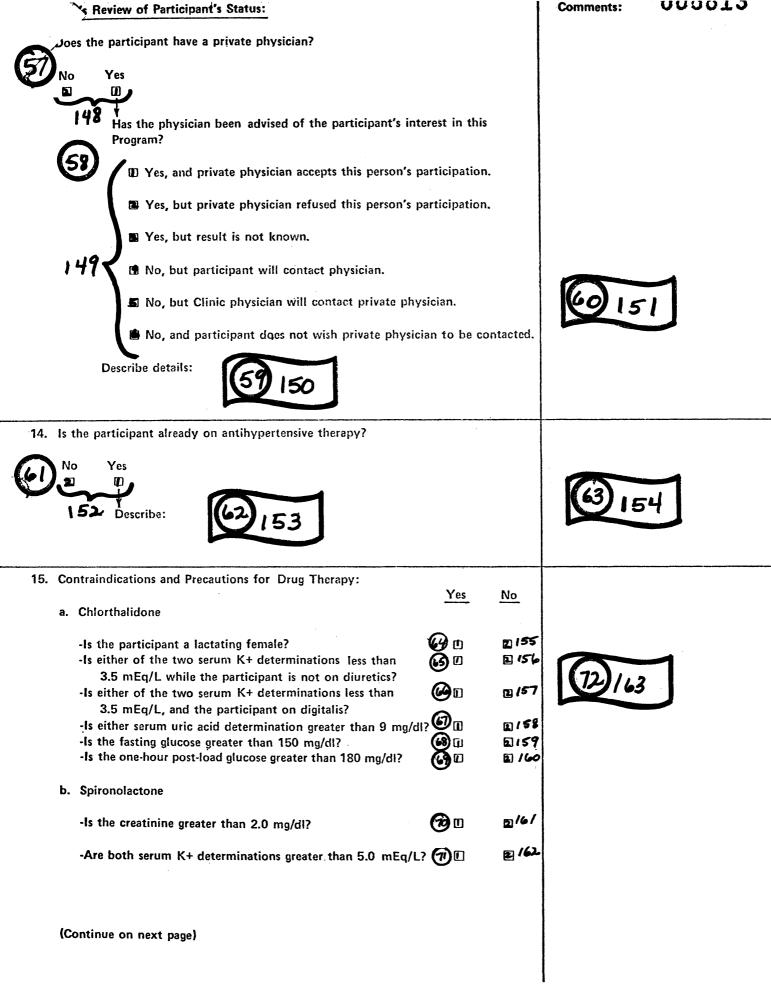
Yes

No

12. Interval Clinical Findings of Importance (to be completed by physician):







| C. | Antiadrenergic drugs (Reserpine, methyldopa) | Yes | No | |
|----|---|---------------------|-------|--|
| | -Is there a positive history of peptic ulcer, repeated epigastric distress, or gastrointestinal bleeding? | 73 🛭 | 2/64 | |
| | Is there a positive history of asthma? | (74) @ | 2/65 | |
| | Is there a positive history of depression that interfere with work, recreation, or sleep? | (75) ⁽¹⁾ | 2/66 | |
| | -is any liver function test abnormal? | 16 | 2 167 | |
| d. | Hydralazine | : | | |
| | -Is there any evidence of ischemic heart disease? | (1) | 2/68 | |

Physician's Summary of Precautions and Contraindications:

| | Approved | Conditionally Approved | Contra- indicated |
|---------------------------|--------------------|---------------------------|----------------------|
| 1. Chlorthalidone | W O | 2 | 5169 |
| 2. Spironolactone | 7 | 2 | 5 170 |
| 3. Reserpine | 80 🗉 | | B) /7/ |
| 4. Methyldopa | (8) (1) | 2 | a 172 |
| 5. Hydralazine | 1 00 | 1 | 5 173 |
| 6.Guanethidine | (3) (1) | 2 | n 174 |
| Olatspecify: | | | |
| 7. | - (85) (I) | • | 5 0 177 |
| 8. (86) 178,179 00 | _ (7) (a) | 2 | n 180 |
| 9. 18/12 00 | _ 9 0 | • | ₃ 183 |

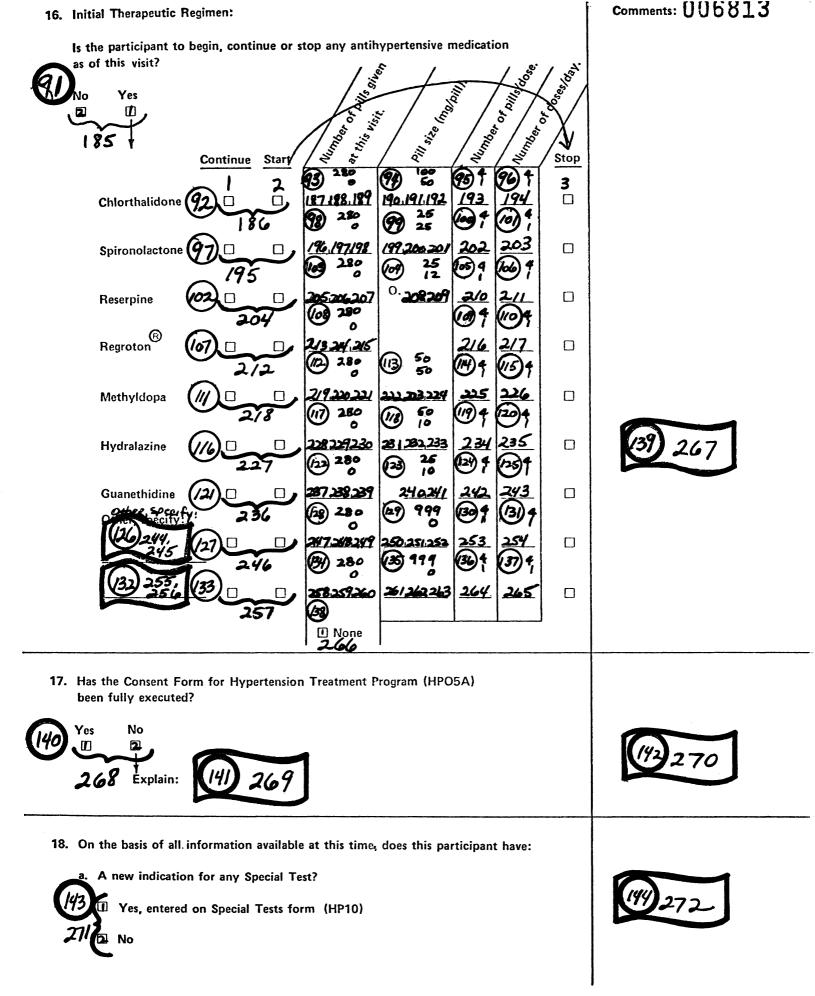
Check the following when completed:

- ☐ Information pertaining to contraindicated drugs, if any, has been transferred to the Flow Sheet (HPO5C).
- ☐ Information indicated in Item 15 above has been reviewed by the physician, and appropriate items have been verified by discussion with the participant.



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Comments:



20. Remarks on further management plans, diagnostic evaluation or other matters:





| | (5) |
|-----------|----------|
| Physician | 280211 0 |

Consent Form for Hypertension Treatment Program

The Special Hypertension Treatment Program at the ______ has been explained to me,

| and I understand that I am invited to take part in it. | |
|---|---|
| The purpose of the Program, the procedures to be followed, the have been described to me. In addition, it has been explained to condition which results in increased risk of heart disease and stronger | me that high blood pressure (hypertension) is a common |
| My high blood pressure and its effect on my body will measurements. As long as my blood pressure remains given to lower it. | · · |
| 2) There are several oral medications which are generally that treatment with these medicines is likely to be ber | effective in reducing high blood pressure in most cases and neficial in reducing the risk of heart disease and stroke. |
| to a satisfactory level. All medications used will be st | y or in combination, in order to lower my blood pressure andard medications which are commonly used by doctors ssure patients. No new or "experimental" medications |
| doctor, therapist, nurses and others involved in my tre | side effects that may occur with the medicines that I as well as the fact that I can ask any questions about procedures that I do not understand. Furthermore, the |
| · | different medications may produce. Furthermore, if a the standard medical tests that I have taken, alternative |
| I understand that I am free to withdraw my consent and to disconding foregoing points have all been explained to me to my satisfied consent to enter this treatment Program. | |
| Date | Signature of Participant |
| | Printed Name of Participant |
| | Address of Participant |
| | Witness (recommended) |
| I have fully explained to the participant, the procedures described above and such risks as are involved in t | |
| Date | Signature of Physician |

RELEASE OF MEDICAL INFORMATION

| | | Center of the Hypertension Detection an | d Follow-up Program. |
|-----|------------------|---|----------------------|
| (a) | Dr | | |
| | | | |
| (b) | Institution (s): | | |
| | | | |
| | Name | | |
| | Address | | |
| | | | |
| | Sig | nature of Participant | |
| | Pri | nted Name of Participant | |
| | — Da | te | |