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*.

70RM Nb. 1.2	D CERTIC VISIT
1. Program Number: 3.4 5.6.7.8.9 10	
	CROSTIC BATCH NO. 18, 19,20,21,22,23,24,
(Mr., Miss, Mrs.) Last	First Middle
3. Date: Day Year 30,3/	
4. Time arrived: 32,33 : 34,35 1 a.m. 2 p.m. 36	5. Changes required in identifying information: None HP11A attached
COMPLETE THE SECTION BELOW AT TER	MINATION OF VISIT BEFORE PARTICIPANT LEAVES
6. Randomization determined:	
8 RCG SCG Envelope Number: 39,40 41,42,43	142000
7. Review of completed HPO4:	
 Every item on each page is complete and legible. Name, Program Number and Randomization Envelope Chest x-ray completed. HP12, Clinical Center Laboratory Report, initiated and Fasting blood specimen obtained. One-hour blood specimen obtained. 	
RCG Participants:	SCG rarticipants:
Diastolic blood pressure less than 125: Participant referred.	✓□ Special tests are not indicated at present.
Diastolic blood pressure 125 or more: Special measures started.	Special tests have been ordered; HP10 initiated and attached to Clinic Record.
opcolar measures started.	Initial Treatment Visit scheduled, Date: Month Day Year Hour Minute
	46.47 48.49 19 50,51 52.53 : 54.55 5p.
Hour Minute (7)	☐ Appointment slip given. ☐ Clinic Medical Record complete.
8. Time visit completed: 57.58: 59.60 p.m.	
This section completed by:	(2.63

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



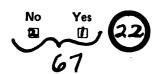
b. Have you started any new medicines, or have you stopped taking any medicines since your last visit?





FOR MEN SKIP TO 10.

c. Are you currently taking birth control pills?

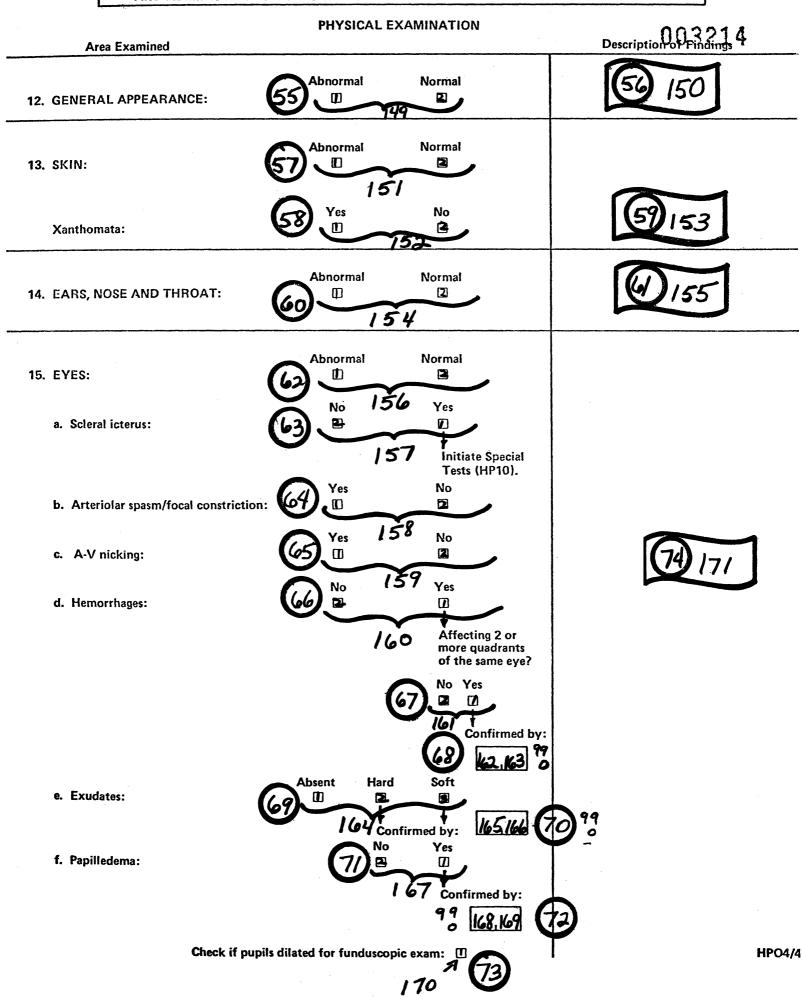


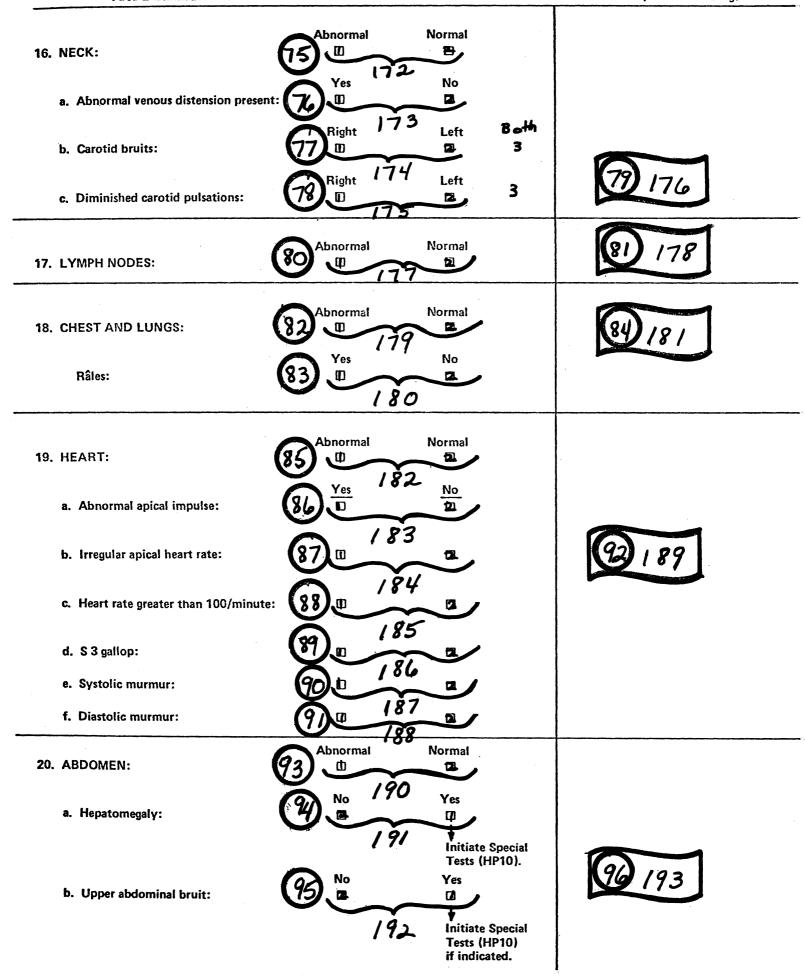
'A	Blood Pressure Measurements:	(23) LT 18 1	7 200	
	a. Pulse: Beats in 30 seconds	× 2 = 68.69.70		003214
	24	readings, four of them while you are	e seated and two of them just after	you stand up.
	Blood pressure readings:	Systolic	Diastolic (5th phase)	
		60 (24) [7/.72.73]	25 74.75.76	
	Reading 2 (R-Z)	26 77.78:79	27) 80.81.82 293	
	Zero 9	28 83.84	29 35.86	
	Corrected	30 \$ 7,88,89	31 909192 200	
	-	60 (32) 93.94.95	33 969798	
	Reading 4 (R-Z)	60 34 99.100.101	(35) 102,103,104 299	+
	Zero	99 (36) 105,106	(37) 107.108 99	
	Corrected	38 WA. UO. W	39 112.113.14	
	Average of Readings 2 and 4		400 0	46 U5 White SUM
	Reading 5 (Std) (One minute after standi	300 ng) 60 41 [18,119,120]	(43) [2] 20°	
	Reading 6 (R-Z) (One minute after standing	301 ng)60 (43) 124 125126	प्माञ्चा १३८१ २११	
	Zero	99 (45) 130.131	46 B2 B3 47	
	Corrected	60 47 134.135.134	48 37.138.139	
	c. Is SUM less than 180? No	Yes Participant is at goal blood pre	ssure.	
	d. Is the corrected systolic value of the corrected systolic v	of Reading 6 lower than	e. Remarks:	
	No Yes []		(F3)	_

Is the participant dizzy or faint after standing?



Findings are suggestive of postural hypotension.

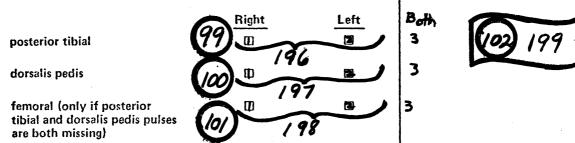




21. EXTREMITIES:

a. Definite ankle edema:

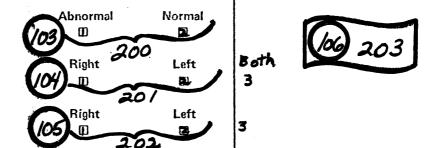
b. Pulses present:



Abnormal

Normal

22. NEUROLOGICAL:



- a. Hemiplegia:
- b. Gross hemiparesis:

23. OTHER PHYSICAL FINDINGS, SPECIFY:







b. Diagnostic Check List:

b. Diagnostic Check List	t:						
Malignant Neoplasm:	Present	Suspect	No Evidence	Circulatory Disease:	Present	Suspect	No Evidence
Breast	(I) II	Ja	5 208	Rheumatic	⊕ □	<u> </u>	B 2:
Lung	6 0	<u> </u>	□209	Other valvular		Ō	□ 23 °
GI		Ō	-210	Ischemic	6		D24.
GU		Ö	D21/	Hypertensive heart		ō	D24
Skin	@ =	0	D2/2	Peripheral vascular			D24.
Other, specify:			□ a/3	Cerebrovascular			□2 %
16 - 214 /k	O Ģ			Other, specify:			
Endocrine Metabolic Disease:				(47). <u>-245</u> /4			
Diabetes	6 🗆		n 215	Respiratory Disease: Chronic obstructive	@ 🗆		-34 .
Gout	@ □	Ö	D'216				
Hyperthyroidism			□ 217	Asthma	@ \square		
Hypothyroidism	A		D 218	Tuberculosis:			
Cushing's syndrome			Q 219	active			
Pheochromocytoma	@ □		□ 220	inactive	© □ © □		□ 2 €,
Primary aldosteronism			D 22/	Other, specify:	@ □		□.25¢
er, specify: (125)			-222	(63) <u>- 251 16</u>			
· 223 1/y				Digestive Disease:			
Mental Disease:	_		- • •	Peptic ulcer	· @ □		□ 25
Psychosis	@ 🗆		□224	Gall bladder disease			□ a5 ⁻
Psychoneurosis	@ □			Cirrhosis			□ 25
Mental retardation	@ □		محد 🗆	Other liver disease	@ □		□ 25
Alcoholism	@ 🗆		تحد 🗆	Other, specify:			□25
Drug addiction	69666		□ 228				
Depression		ū	9حد 🗆				
Other, specify:		Ü	□ 23 0	Genito-Urinary Conditions:			
φ				Nephritis/Nephrosis			□ 25 ?
Neurologic Disease:				Pregnancy	@ □		ロネギ
Convulsive disorder			□ 232.	Urinary tract infection	@ □		D261
Other, specify:	③ □		233	Nephrolithiasis	@ □		26 :
(36) <u> 234</u>	, _		·	Other, specify:	@		□ 26 .
Musculo-Skeletal Disease:				(K)			
Arthritis or rheumatism	1		₀ .235	Other Diseases Specify:			
Other, specify:	® 🗆		□236	- 265 18			□ 3 6,
139) 237 /g		u	U	(g) - 267/B			ید⊡
17				@269"\W	@ □		□ 2 €

Review of results of examination - Discussion with participant:	
☐ General explanation of high blood pressure.	003214
☐ Present status of individual in terms of risk factors:	
☐ Blood pressure and end-organ status	
Smoking (if greater than 10 cigarettes per day)	
Cholesterol (if greater than 250 mg/dl)	
Percent of ideal weight (if 140% or greater)	
☐ Explanation of Referral	
If Regular Care Group:	If Stepped Care Group:
a. Participant's choice of care,	a. Mode of contacting private physician:
specify: (75) 273	176 (1) Participant to contact
b. Results to be sent to physician:	Program to contact Participant does not wish to contact doctor.
b. Results to be sent to physician.	No doctor to contact
No Yes	
	b. Are Special Tests required?
₹ Release of Program	No Yes
Information (HPO3A) signed.	(177) · · · · · · · · · · · · · · · · · ·
participant is currently using medications and has brought the not repeat entries listed under 21b., HPO3/10):	em for identification at this visit describe
Company of the Compan	n started Identification
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(79)	
3)	
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Reviewing physician:	עתו