



Road to Wellness
P.O. Box 13447
Macon, GA 31208-3447
478-314-2427 or 1-800-648-7563 option 5
Email: wellness@shpg.com
Fax: 478-314-2417

High Blood Pressure Assessment

It is time to complete your assessment for the Road to Wellness Program. Please take time now to answer these few questions and return this form to the address or fax number above. You can also email it to wellness@shpg.com.

NAME: _____ **DATE:** _____

CURRENT PHONE NUMBER: _____

1. Do you monitor your blood pressure as prescribed by your physician? Yes No
 No MD order List your last B/P reading _____
2. Are you on a low salt or low caffeine diet? Yes No No MD Order
3. How many times per week have you been engaging in exercise? 0 1-2 3-4 5 or more.
4. Are you currently using any tobacco products? Yes NO
5. How many drinks of alcoholic beverage (a can of beer, a glass of wine, a wine cooler or a shot of liquor) do you have in a typical week? none, 1 or less, 2 or more
6. Do you take any supplements? potassium calcium magnesium
 other –please list _____
7. Have you had a Fasting Lipid profile drawn at least once over the last 12 months?
 Yes No Date _____ Results: Total Cholesterol _____
LDL _____ HDL _____ Triglycerides _____
8. Have you had any changes in your Blood Pressure medications? Yes No
If yes please list changes

9. Have you achieved your current Blood Pressure goal? Yes NO
10. What goal do you want to achieve for your Blood Pressure before our next follow-up contact?

Thank you for taking the time to complete this questionnaire. We wish you continued success on your Road to Wellness!