

SKÝRSLA UM BLÓÐPRÝSTING; BLOOD PRESSURE QUESTIONNAIRE

LÆKNIR SVARAR: To be completed by the medical attendant

NAFN TRYGGÐA: Full name of life proposed:.....

1. HVENÆR GREINDIST HÁR BLÓÐPRÝSTINGUR FYRST?
When was your patient first noted to be hypertensive?
2. HVE HÁR MÆLDIST HANN PÁ?
What was the blood pressure at that time?.....
3. HEFUR ORSÖK FUNDIST? JÁ NEI
Have investigations been made to determine the cause? Yes No
SÉ SVO, NIÐURSTÖÐUR OG ENDANLEG GREINING
If yes, what were the results and final diagnosis?.....
4. BLÓÐPRÝSTINGSLYF EÐA ÖNNUR LYF JÁ NEI
Has treatment with antihypertensive or other drugs been given? Yes No
EF JÁ; If yes:
 a) HVENÆR HÓFST MEÐFERÐ? When did treatment commence?.....
 b) HVER VAR MEÐAL BÞ FYRIR?
 What was the average BP immediately prior to treatment?.....
 c) DÆMI UM SÍÐARI MÆLINGAR MEÐ DAGS.
 Please give a sample of the subsequent and current BP levels including dates.....
 d) HVADA LYF ERU GEFIN? SKAMMTUR?
 What drugs are being taken? (Please state dosage).....
 e) FYLGIR SJÚKLINGURINN STRANGT EFTIR LYFJAFYRIRMÆLUM?
 Does your patient adhere strictly to the prescribed treatment?.....
 f) KEMUR LÆKNINGIN AÐ TILÆTLUÐU GAGNI?
 Is the condition considered to be satisfactorily controlled?.....
 EF MEÐFERÐ ER LOKIÐ, TILGREINIÐ LOKADAG
 If treatment has been discontinued, please give date of cessation.....
5. HAFA FYLGIVILLAR NOKKURNTÍMA ORÐIÐ AF BÞ? JÁ NEI
Have any complications of hypertension even been noted? Yes No
SÉ SVO, GREINIÐ FRÁ DAGSETNINGUM FJARVISTA ÚR STARFI
If yes, please give details including the dates and duration of any time off work.....
6. DAGSETNING OG NIÐURSTÖÐUR RÖNTGEN, EKG EÐA ANNARRA PRÓFA SEM GERÐ
HAFA VERIÐ FRÁ GREININGU
Please give the dates and results of any chest X-ray, ECG or other
Tests that have been performed since treatment was started.....
7. HÆÐ, Height..... ÞYNGD, Weight.....
8. BLÓÐFITUMÆLING; Cholesterol Readings (LDL/HDL & Triglycerides):.....

UNDIRRITUN DAGS

Signed _____ Date _____