

Directions to Staff and Provider:

1. Attach a paper copy of the “Visit Planner” to each chart, or put with other paper documents used during a patient visit.
2. Ask each patient the “medication adherence question” on the front of this sheet.
3. If a patient takes their medications 75% of the time or less, ask them to check the box(es) below that apply to them.
4. Then review the patient’s answers with them.

Some patients find it difficult taking their medication for many different reasons. Do any of the following sound like something you may do?

- I have trouble keeping track of when I need to take my medicines.
- I do not take my medications exactly as I am supposed to because of the side effects or bad experiences that I know about.
- The costs of the medications keep me from taking them as prescribed.
- I don’t think the medicine helps me or that I need it.
- I intend to take my medications, but forget them
- Other reason _____

Please attach this sheet to every patient chart with a diagnosis of high blood pressure

Staff or Provider:

Patient Initials: _____ **Date:** _____ **MRN#:** _____

Patient's BP today: _____ / _____ (please enter office BP)	Please check appropriate box		
	Yes	No	NA
Awareness of BP and consequences of uncontrolled BP:			
Did patient bring in home BP information?			
Did you review previous BP's with the patient today?			
Did the patient know their goal BP?			
Did you remind them why we worry about high blood pressure? (Heart failure/heart attacks, stroke, kidney disease/vision loss/other)			

Medication Adherence Question:

Many patients tell us it is difficult to take their blood pressure medications exactly as recommended.

	Please check appropriate box				
	All of the time (100%)	Nearly all of the time (90%)	Most of the time (75%)	About half the time (50%)	Less than half the time (<50%)
In the past month, how often did patient take medications as prescribed?					

If any of the shaded boxes are checked, flag provider & have patient answer "adherence" questions on back of this sheet

Provider:	Please check appropriate box		
	Yes	No	NA
Did you review nurse/staff actions or cover some of the above items during your visit with the patient ("Awareness" items above)?			
Is home Systolic BP \geq 135?			
Is clinic Systolic BP \geq 140?			
Is patient at goal?			
Did you make any medication or treatment changes?			
Did you have the patient teach back key information?			