

# What to Expect, What to Ask

Your Name: \_\_\_\_\_

Are there specific concerns you want to discuss today?  No  Yes \_\_\_\_\_

**Have there been any major changes in your family lately?**

- None  Move  Job Change  Separation  Divorce  Death in the family  New pet  Other?  
Describe: \_\_\_\_\_

General Health Information. Since Your Last Visit:	Yes	No	Unsure
Have you had any major illness and/or hospitalizations?			
Have you or anyone in your family developed any new medical problems?			
Are there any changes to your medications?			
Are your immunizations (includes flu and pneumonia vaccines) current?			
Do you or any adults who are around you smoke (includes inside or outside the house)?			

**Have you been seen in the emergency room in the last 6 months for high blood pressure?**

- No  Yes, 1-2 times  Yes, 3-4 times  Yes, 5-6 times  Yes, more than 6 times

**Have you been hospitalized for high blood pressure in the last 12 months?**

- No  Yes, 1-2 times  Yes, 3-4 times  Yes, 5-6 times  Yes, more than 6 times

**In the last 12 months have you talked with a doctor or health provider about any of the following high blood pressure symptoms?**

- Severe headaches  Confusion  Chest pain  Blurred vision  
 Nausea and vomiting  Pounding in chest, neck  Feeling very tired  Dizziness

**Do you check your blood pressure?**

- Yes, everyday  Yes, weekly  Yes, every other week  Yes, monthly

**Have you talked with a doctor or health provider about starting or stopping any medications?**

Medication list:	Medication Concerns:
	No Yes Describe
	No Yes Describe
	No Yes Describe
	No Yes Describe
	No Yes Describe

**Have you received referrals, tests, follow-up on tests results and or other needed care promptly?**  No  Yes

**Would you like to get more information on any of the topics below?**

<b>Medications/Treatments</b>	<b>Symptoms/Complications</b>	<b>Health Promotion</b>	<b>Nutrition</b>
High blood pressure medicine	Signs of high blood pressure	Smoking Cessation [National Quitline: 1-800-QUITNOW (784-8669)]	Healthy diet
Checking/monitoring blood pressure	Normal blood pressure range	High blood pressure prevention	Calorie intake
High blood pressure specialist	Complications of high blood pressure	Exercise routine	Healthy snacks
Herbal remedies	High blood pressure risks	When to call doctor	Decrease salt use
	Causes of high blood pressure	Vision appointment	Alcohol intake
		Weight management	
		Reduce stress	

*This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this form at your next visit.*

Buckeye Health Plan is contracted with Medicare for an HMO SNP plan, and with the Ohio Medicaid program. Enrollment in Buckeye Health Plan depends on contract renewal.

Buckeye Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ATTENTION:** If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-866-389-7690 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-389-7690 (TTY: 711).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-389-7690 (TTY：711)。