



Children's
of Alabama®

Hypertension Clinic – Intake Questionnaire

The answers to these questions are part of the evaluation for high blood pressure and part of your/your child's confidential medical record. This information will not be released without your written consent.

Hypertension History:

When was your child's blood pressure first noticed to be high?

Who told you (Pediatrician, School Nurse, etc)?

Has it been consistently high or does it vary?

Have you measured your child's blood pressure at home?

Has your child had any blood tests for high blood pressure?

Have any special pictures been taken (x-rays, ultrasound, kidney scan, angiogram)?

What medicines, vitamins, dietary or herbal supplements is your child currently taking?

What medicines, vitamins, dietary or herbal supplements has your child taken in the last year?

Has your child had a change in weight of more than 5 pounds in the last year?

What does your child do for exercise? For how long? How often?

Does your child drink coffee, tea or sodas containing caffeine (cola, root beer, Mountain Dew)? If yes, how much per day?

What are your child's favorite foods?

Does your child have any of the following symptoms that could be associated with high blood pressure?

- Headaches
- Problems with eyesight or hearing
- Belly pain
- Nausea or vomiting
- Chest pain
- Racing heart
- Trouble catching breath
- Leg swelling
- Unable to exercise
- Problems sleeping
- Tiredness
- School problems
- Problems with concentration or memory
- Seizures
- Growth problems
- Change in the color or amount of urine
- Pain with urination

Past Medical History:

What was your child's birth weight (if you remember)?

Were there any problems during the pregnancy or delivery?

Was the delivery at full term or premature?

Has your child ever been hospitalized? If so, for what illness?

Has your child ever had surgery? If so, what surgery?

Has your child had any major illnesses in the past?

Has your child ever had urinary tract infections?

How many ear infections has your child had?

Family Medical History:

Who else in the family has high blood pressure?

If any, what blood pressure medicines are other family members taking?

Are there family members with a history of kidney disease, dialysis or kidney transplant?

Are there any family members with diabetes?

Are there family members with heart disease? If yes, at approximately what age?

Are there family members who have had strokes?

Are there family members with cholesterol problems or taking medicine to lower cholesterol?

What type, if any cancers have family members had?

How many children (and what age) are in the family? Do any have health problems that have needed medical treatment?

Is there other information about your child or family that is important for us to know?