Institut national d'excellence en santé et en services sociaux Québec

Institution, CISSS, CIUSSS

COLLECTIVE PRESCRIPTION APPLICATION FORM

Adjustment of antihypertensive medication and paraclinical tests for monitoring hypertension

THERAPEUTIC INTENT

NAME OF ANTIHYPERTENSIVE:	INITIAL DOSE:	FREQUENCY:	MAXIMUM DOSE:
	mg		mg
	mg		mg
	mg		mg

DURATION OF TREATMENT

☐ 2 YEARS ☐ OTHER:

THERAPEUTIC GOAL

BP: mm Hg ☐ OBPM (oscillometric) ☐ AOBP (automated) ☐ HBPM (home)

CARDIOVASCULAR RISK ASSESSMENT

☐ CANADA SCORE: ☐ LOW ☐ MODERATE ☐ HIGH

☐ FRAMINGHAM: %

MEDICAL HISTORY

☐ DIABETES ☐ SMOKING ☐

☐ ☐ ☐

DETAILS/COMMENTS

TREATING PHYSICIAN

LAST NAME:	FIRST NAME:
NAME OF CLINIC:	
ADDRESS:	CITY:
TELEPHONE:	FAX:
E-MAIL ADDRESS:	PAGER:
SIGNATURE:	LICENSE NO.:
DATE (YEAR/ MONTH/DAY):	

Collective prescription reference No.: