Genetics of Essential Hypertension

Case Code:

A. Personal History:

1. Name: ……. Mobile No:
2. Sex: M F
3. Age:
4. Tribe: Ethnic Group:
5. Marital Status: Single Married Divorced Widowed
6. Consignuity: Yes No

B. Medical History: are you suffering from any of these diseases?

7. **Hypertension: Yes No**
8. **Diabetes: Yes No**
9. **CVD Yes No**
10. **Renal Disease: Yes No**
11. **Others……**

C. Drug History:

13. Drugs used for treatment of hypertension: 1. …….. 2……..

3. …….. 4. …….. 5. ……..

D. Family History:

14. Hypertension: yes No

If yes specify: parents siblings child uncle/aunt

Others

15. CVD: Yes No

16. O/E:

- ***Weight:*** ***Height*** **BMI**

Waist ☐ **Hip** ☐

- **Blood pressure measurement:**
- **1st Systolic** ☐ **1st Diastolic** ☐
- **2nd systolic** ☐ **2nd Diastolic** ☐

17. Laboratory investigations:

1. **Blood Glucose ……..**
2. **TG……..**
3. **LDL……..**
4. **HDL……..**
5. **Uric acid……..**
6. **Urea……..**
7. **Creatinine……..**
8. **Others……..**