

KNOW YOUR NUMBERS BLOOD PRESSURE

My Blood Pressure Action Plan and Follow-up Care Form

Bring this form to your next doctor visit. Together, you and your physician can create a personal blood pressure goal and develop a plan to achieve it.

My blood pressure was

_____ / _____ on ____ / ____ / ____
Systolic Diastolic Date

My Blood Pressure GOAL:

_____ / _____
Systolic Diastolic



Near or above goal
120/80
or below

Prehypertension
121-139/81-89

High blood pressure
140/90
or above

Weight Reduction

Losing just a little weight can make big changes in blood pressure.

Current Weight: _____ Goal Weight: _____

Steps I will take to achieve my goal:

1. _____
2. _____
3. _____

Exercise/Activity Planning

Every little bit of exercise helps my heart stay healthy. I will make a goal to keep physically active every day.

Steps I will take to achieve my goal:

1. _____
2. _____
3. _____

Salt/Sodium Intake

Limiting foods that are high in sodium can help lower my blood pressure.
Here are three salty foods that I will cut back on:

1. _____ 2. _____ 3. _____

Smoking (skip this section if you don't smoke)

Quitting smoking may be the most important step for lowering blood pressure and reducing the risk of heart disease and stroke.

I currently smoke _____ packs or _____ cigarettes per day.

My plan to quit smoking is _____

Medication Management

Here is a list of medications I currently take. Please review and help determine if any medication changes are needed.

Name of Medication <i>(example: metoprolol)</i>	Dose <i>(100 mg)</i>	Frequency <i>(once daily in morning)</i>	Purpose <i>(to help lower blood pressure)</i>

Notes: _____
