

Cardiovascular Self-Management

Note: To achieve good control of your blood pressure it is important to have practical goals for yourself. Set one goal now and after you have achieved it, move on to another. Know your risk factors and decide what you are willing to change. Feel good about one change before making another. Make your health a priority in terms of your time and energy. Consider your health provider at the clinic *Thunder Bay Community Health Service*, a partner in your health.

PLEASE CHOOSE ONE OR MORE OF THE FOLLOWING GOALS

YES	NO	GOALS		
		Goal 1	I will help myself to reduce stress by doing something I enjoy, exercising or meditating. When I feel stressed out, I will find someone to talk to.	
		Goal 2	I will walk _____ minutes _____ day(s) a week. If I notice chest pain, shortness of breath, or chest tightness, I will seek medical attention.	
		Goal 3	I will decrease the amount of salt that I use every day.	
		Goal 4	I will follow my low fat diet, low cholesterol diet to reduce my cholesterol and reach or maintain my ideal weight.	
		Goal 5	I will try to reach my ideal body weight. I will lose _____ pounds by _____.	
		Goal 6	I will take all medications properly every day. To prevent blood clots, stroke or heart attack, I will take an aspirin a day.	
		Goal 7	I will stop smoking.	
		Goal 8	I will visit the eye specialist every year or as indicated.	
		Goal 9	I will limit alcohol to 1 glass per day.	
		Goal 10	I will lower my blood pressure to ____/____ by _____.	

Patient's Name: _____ DOB: _____

Patient's Signature: _____ Date: _____

Source: Thunder Bay CHS

Hypertension Self-Management

Date _____

Note: Self-management of hypertension means that you take responsibility for doing what it takes to manage your health effectively. To achieve good control of your blood pressure it is important to set practical goals for yourself. We will guide you and offer support to help you reach your goals and manage your hypertension.

Please choose goals that you will work on to help manage your hypertension

Circle your goals	Goals
 Goal 1	I will help myself to reduce stress by doing something I enjoy, exercising or meditating. When I feel stressed out, I will find someone to talk to.
 Goal 2	I will walk _____ minutes _____ day(s) a week. If I notice chest pain, shortness of breath, or chest tightness, I will seek medical attention.
 Goal 3	I will decrease the amount of alcohol that I drink. My goal is no more than _____ drinks per day.
 Goal 4	<input type="checkbox"/> I will follow my low fat diet, low cholesterol diet to reduce my cholesterol and reach or maintain my ideal weight. <input type="checkbox"/> I will decrease the amount of salt that I use every day
 Goal 5	I will try to reach my ideal body weight. I will lose _____ pounds by _____
 Goal 6	I will take all medications properly every day. To prevent blood clots, stroke or heart attack, I will take an aspirin a day.
 Goal 7	I will talk to my doctor about how to stop smoking. My target quit date is _____
 Goal 8	I will visit the eye specialist every year or as indicated.
 Goal 9	I will keep regular scheduled appointments for follow-up with my health care provider.
 Goal 10	My own Goal: _____ _____

Rate your **confidence level** of achieving your goal. **Low 1-2-3-4-5-6-7-8-9-10 High**

Patient's Name: _____ MR# _____

Patient Name: _____ Phone Number: _____
MRN: _____ Date of Follow-Up Call: _____
Date Goal Set: _____ Best Time for Follow-Up Phone Call: _____

PERSONAL ACTION PLAN

Keep it Simple

*Set small, manageable goals for yourself. Set yourself up for success.
Always give yourself credit for each "baby step"*

Something you WANT to do:

How:

Frequency:

When:

Barriers:

Plan to overcome barriers:

Confidence rating (0-10):

Reward:

(What will I do to reward myself when I reach my goal)

Follow-Up plan:

Follow-Up notes: