

Take this card to your health care provider visits.

BLOOD PRESSURE Check at each visit Goal: _____

Date	BP	Date	BP	Date	BP
Example: 3/15/10	180/75				

WEIGHT Check at each visit Goal: _____

Date	Wt	Date	Wt	Date	Wt
Example: 3/15/10	175				

LIPID PROFILE Goal: _____

Date	Total Cholesterol	HDL	LDL	Tri-glycerides

OTHER TESTS

Date	Test	Results

You Can Control Your High Blood Pressure

MY CARE TEAM MEMBERS	Phone numbers
HEALTH CARE PROVIDER	
PHARMACY	
OTHER	

MEDICATIONS	Dose	Times

To get your high blood pressure under control, it might take:

- different medications over time — check with your health care provider.
- behavior changes — eat healthy food, be active every day, limit alcohol, and avoid tobacco use.
- partnering with your doctor to come up with a plan that is right for you!