

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