

My Important Information:

Doctor's Name:

Doctor's Address:

Doctor's Telephone Number:

My Blood Pressure Medications:

Special Instructions:

Talk with your doctor about the lifestyle changes that are appropriate for you. Check off the lifestyle changes you are going to use to help lower your blood pressure.

My Lifestyle Changes

- Maintain a healthy weight.
- Do physical activity for 30 minutes most days of the week.
- Eat a diet high in fresh fruits and lowfat dairy products with reduced saturated and total fat.
- Choose foods lower in salt and other forms of sodium. Read food labels.
- If you drink alcohol, have no more than one drink/day for women, two drinks/day for men.
- Remember to take your blood pressure medicine.

My Blood Pressure Wallet Card



WISCONSIN COVERDELL
STROKE PROGRAM

www.coverdellwi.org



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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and Human Services NIH Publication No. 03-5068

My Blood Pressure Diary

My Blood Pressure Goal:

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I take my blood pressure on the **left / right** arm. (circle one)

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Date/Time	Blood Pressure
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Questions to ask your doctor if you have high blood pressure:

- What is my blood pressure reading in numbers? And what does it mean?
- What is my goal blood pressure?
- Is there a healthy eating plan that I should follow to help lower my blood pressure and lose weight?
- Is it safe for me to do regular physical activity?
- What is the name of my medication?
- What is the generic name?
- What are the possible side effects of my medication?
- What time of day should I take my blood pressure medicine?
- Should I take it with or without food?
- What should I do if I forget to take my blood pressure medication at the recommended time?

If you think you are having a stroke or another medical emergency, CALL 911. Do NOT drive yourself to the hospital or ask a friend to drive you. CALL 911.

