

Name _____

Date _____

Hypertension Visit Summary

Treatment Goals:

Research has shown us that meeting these goals will cut down the damage high blood pressure can do to your body. You can prevent heart attacks, strokes, poor circulation, kidney failure ... and be healthy with your high blood pressure.

	Goal:	Date:	Your Results:	In goal?	Better?
Blood Pressure (at home or today's)	140/90 or lower (130/90 for some)				
Exercise	30 min daily or more				
Weight or Waist	BMI 18 - 25 <40"men, <35" woman				
Low Sodium Diet (salt)	2 grams or less a day				
Diet	DASH or Mediterranean diet				
Alcohol intake	0 to 1 a day				
Tobacco use	none				
Happiness	as much as possible				
Baby Aspirin	one daily				
LDL Cholesterol:	130 or lower				
Kidney Test (blood and urine)	yearly				
Blood sugar	yearly				
Flu shot	yearly				
See Dr. Wood	Every ___ mos				

To learn more: call 800-242-8721 or go to www.MeasureUpPressureDown.com

Hand outs given: blood pressure log activity log diet log other

Plans:

Your goals for improving your health: _____

We worked on an action plan on the back

You felt confident in making these changes

Medicine changes: _____

See medication list

We reviewed a hand out on your new medication - please let me know if you have more questions.

Next appointment with Dr Wood _____

Other appointments: _____

Planned tests: _____ Lab slip given

Problem Solving Worksheet - My Action Plan

The problem: _____

Do you want to make a change?

I don't really need to. I'm considering making a change. I've been planning a change. I've already started it. I have before and need to get back to it.

The change I want to make: _____

Is the right work for you do be doing now?

1 2 3 4 5 6 7 8 9 10
not at all unsure maybe very sure absolutely

Possible solutions:

Pros:

Cons:

Possible solutions:	Pros:	Cons:

Choice of Solution: _____

Specifics: (when, how much, with whom, etc) _____

Things that might get in the way: _____

How to get past these issues: _____

Steps I plan to follow:

1) _____

2) _____

3) _____

How confident are you that you can reach this goal?

1 2 3 4 5 6 7 8 9 10
not at all unsure somewhat confident very confident absolutely confident

Follow up Plans: _____