PREPARING FOR YOUR APPOINTMENT

How have you been feeling?

__________________________

Are there things that are preventing you from sticking to your current plan?

__________________________

Any changes in your blood pressure?

__________________________

What are your symptoms?

__________________________

What questions or concerns do you have for your doctor?

__________________________

Remember To Bring:

☐ List of all your medicines (including OTC, vitamins, and herbs)

☐ Pen and paper or recording device

AT YOUR APPOINTMENT

QUESTIONS TO ASK MY DOCTOR:

__________________________

__________________________

__________________________

My Blood Pressure:

\[ \text{Systolic mm Hg} \times \text{Diastolic mm Hg} \]

Blood Pressure Chart

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic mm Hg</th>
<th>Diastolic mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>less than 120</td>
<td>less than 80</td>
</tr>
<tr>
<td>Elevated</td>
<td>120–129</td>
<td>less than 80</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>130–139</td>
<td>80–89</td>
</tr>
<tr>
<td>(Hypertension) Stage 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>140 or higher</td>
<td>90 or higher</td>
</tr>
<tr>
<td>(Hypertension) Stage 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertensive Crisis</td>
<td>Higher than 180</td>
<td>and/or</td>
</tr>
<tr>
<td></td>
<td>Higher than 120</td>
<td></td>
</tr>
</tbody>
</table>

NEXT STEPS

MY PLAN TO LOWER MY HIGH BLOOD PRESSURE:

☐ ________________________

☐ ________________________

☐ ________________________

My Blood Pressure:

My Next Appointment Is:

_____ / _____ / _____

AT: ________ AM / PM

Track your blood pressure

VISIT: LowerYourHBP.org

Keep it up! Take steps to control BP

Doctors likely to prescribe BP medication + lifestyle changes

Consult your doctor immediately