LOWER YOUR BLOOD PRESSURE  MAKE THE MOST OF YOUR DOCTOR’S APPOINTMENT

GETTING READY

I've been feeling:

☐ Great
☐ Ok
☐ Not so good
☐ ___________________________________

I'd like to talk about:

☐ Medication or side effects
☐ Managing my weight
☐ Quitting smoking
☐ Lowering my stress
☐ How to monitor my BP
☐ Changes in my BP
☐ Heart attack or stroke risk
☐ ___________________________________

Symptoms that may be related to my medication:

☐ Depression/anxiety/nervousness
☐ Trouble sleeping
☐ Intimacy issues/sexual dysfunction
☐ Dizziness
☐ Vision/eye issues
☐ Nausea or vomiting
☐ Cough
☐ Diarrhea or constipation
☐ Fatigue, weakness, drowsiness
☐ ___________________________________

OVERCOMING CHALLENGES

It's hard to manage my BP because:

☐ I don't like the way the medication makes me feel
☐ I'm having trouble changing my diet
☐ I can't find time to exercise
☐ It's expensive
☐ I don't feel well most of the time
☐ I don't have support
☐ I'm overwhelmed/stressed
☐ I forget what I need to do
☐ ___________________________________

I want to take care of myself so I can enjoy:

________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________

PLANNING FOR SUCCESS

Today my BP is:

☐ Normal  ☐ Elevated  ☐ Stage 1  ☐ Stage 2

Notes:

________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Based on what we talked about, I'm going to focus on:

☐ Taking my medication regularly
☐ Monitoring my BP at home
☐ Getting more exercise
☐ Managing my weight
☐ Eating healthier
☐ Quitting smoking
☐ ___________________________________

My next appointment is on:

______________________________________ @ ____________

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