



## Patient Blood Pressure Sheet

Lowering your blood pressure is important. High blood pressure can lead to heart attack, stroke and kidney damage. We can reach your blood pressure goals together! Please complete and mail this form back to us in the envelope provided by \_\_\_\_\_.

**Date:** \_\_\_\_\_ **Educator/Nurse:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Provider:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Best time to reach you:** \_\_\_\_\_



Your blood pressure should be less than \_\_\_\_\_

There are many ways for you to help get your blood pressure under better control.

Working on the following goals can help you get your blood pressure down.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_



### Medicine Changes:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please go to your local pharmacy or use your home blood pressure machine to check your blood pressure 3 times in the next week. Write down the date and your pulse, too.

Date	Blood Pressure (both numbers)	Pulse

Do you have any concerns or are you having side-effects from your blood pressure medicines?

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