



Name: _____ Date: _____

Care Manager: _____ PCP: _____

BP Goal	Last Visit	Today's

Managing your BP at home:

- Check your BP
- Keep log & bring to all of your visits

Symptoms you may experience:

- Facial Flushing
- Headache
- Dizziness
- Shortness of breath

Contact your PCP at _____
with any questions or concerns.

Preventive Care:

<input type="checkbox"/> Mammogram	<input type="checkbox"/> Pneumovax	<input type="checkbox"/> Microalbumin levels yearly
<input type="checkbox"/> Colonoscopy/FOB	<input type="checkbox"/> Influenza yearly	<input type="checkbox"/> Lab work every _____

Between now and my next visit I plan to work on: (choose 1 or 2)

Increasing Exercise:

- _____ minutes
- _____ times per week
- Other _____

Improving Diet/Nutrition:

- Reduce sodium intake
- Eat diet rich in fruits and vegetables
- Limit alcohol intake
- Eat lean meals

Being Tobacco Free:

- Get help to quit! Contact your physician or call: The National Quitline: 1-800-QUIT-NOW

Physician Follow up Visit:

- 3 Months:** _____
- 6 Months:** _____
- 12 Months:** _____
- Lab only:** _____

Activities I would enjoy:

- Walking
- Stretching
- Bike Ride
- Yoga
- Swimming
- Other _____

Do you see any challenges to meeting your goals?