

## My Important Information:

Doctor's Name:

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Doctor's Address:

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Doctor's Telephone Number:

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My Blood Pressure Medications:

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Special Instructions:

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**Talk** with your doctor about the lifestyle changes that are appropriate for you. Check off the lifestyle changes you are going to use to help lower your blood pressure.

### My Lifestyle Changes

- Maintain a healthy weight.
- Do physical activity for 30 minutes most days of the week.
- Eat a diet high in fresh fruits and lowfat dairy products with reduced saturated and total fat.
- Choose foods lower in salt and other forms of sodium. Read food labels.
- If you drink alcohol, have no more than one drink/day for women, two drinks/day for men.
- Remember to take your blood pressure medicine.



WISCONSIN DEPARTMENT  
of HEALTH SERVICES  
P-02102 (09/2024)

## My Blood Pressure Wallet Card



WISCONSIN COVERDELL  
STROKE PROGRAM

[dhs.wi.gov/coverdell/index.htm](https://dhs.wi.gov/coverdell/index.htm)

Adapted from the U.S. Department of Health  
and Human Services NIH Publication No. 03-5068

# My Blood Pressure Diary

## My Blood Pressure Goal:

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I take my blood pressure on the  
**left / right** arm. (circle one)

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Date/Time	Blood Pressure
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**Questions** to ask your doctor if you have high blood pressure:

- What is my blood pressure reading in numbers? And what does it mean?
- What is my goal blood pressure?
- Is there a healthy eating plan that I should follow to help lower my blood pressure and lose weight?
- Is it safe for me to do regular physical activity?
- What is the name of my medication?
- What is the generic name?
- What are the possible side effects of my medication?
- What time of day should I take my blood pressure medicine?
- Should I take it with or without food?
- What should I do if I forget to take my blood pressure medication at the recommended time?

**If you think you are having a stroke or another medical emergency, CALL 911. Do NOT drive yourself to the hospital or ask a friend to drive you. CALL 911.**