

# My High Blood Pressure Action Plan

I will have my doctor fill this out with me.

My name: \_\_\_\_\_ Date: \_\_\_\_\_

My address: \_\_\_\_\_

Name of my doctor or clinic: \_\_\_\_\_

Phone number of my doctor or clinic: \_\_\_\_\_

Who to contact for me in case of an emergency: \_\_\_\_\_

(Name) \_\_\_\_\_ (Phone number) \_\_\_\_\_

Your Healthcare Plus phone number : 1-800-973-6792

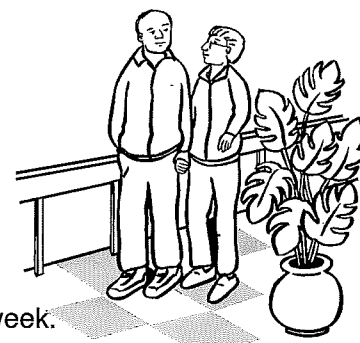
My blood pressure goal is: \_\_\_\_\_

My last blood pressure reading

Date	Reading

## Things I can do to help control my high blood pressure

- Stop using table salt** and eat less of the foods that have a lot of salt (sodium) like: fast foods, canned soups, lunch meats, pickles, ham or salt pork, salted chips
- Eat more **foods with potassium** such as fruits and vegetables.
- Eat less foods that are high fat (cholesterol) like:**  
Red meat, whole dairy foods, fried food, bacon, sausage, packaged foods with trans fats
- My goal is to weigh** \_\_\_\_\_ **lbs. in six months.**
  - Weigh myself every morning.
  - Eat smaller helpings of food.
  - Limit fast foods to only \_\_\_\_\_ times each month.
- Exercise** \_\_\_\_\_ **times a week for** \_\_\_\_\_ **minutes each day.**  
Good activities are walking or swimming.
- Limit amount of alcohol** to less than \_\_\_\_\_ each week.
- Talk with my doctor about ways to quit smoking.**
  - Ask about the patch or other medicine to help.
  - Have a quit smoking plan.



(OVER)

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CODE

**What is my most recent:**

- LDL (bad) cholesterol? \_\_\_\_\_ My LDL goal is: \_\_\_\_\_
- HDL (good) cholesterol? \_\_\_\_\_ My HDL goal is: \_\_\_\_\_
- Total cholesterol: \_\_\_\_\_
- My triglycerides: \_\_\_\_\_

**I will tell my doctor if I have any problems with my medicines!**

What are the names of my medicines?	How much medicine do I take each time?	How often do I take each medicine?	What is this medicine for?

**I know to watch for signs of a heart attack.**

- Pressure, squeezing, fullness or pain in my chest that lasts for more than a few minutes or goes away and comes back.
- Pressure or chest pain that does not go away with nitro (nitroglycerin medicine).
- Pain or discomfort in one or both arms, shoulder, jaw or stomach.
- Having a hard time breathing.
- Breaking out in a cold sweat, feeling sick to my stomach or dizzy.



**If I have these signs should I take an aspirin?**       Yes       No

**I know to watch for signs of a stroke.**

- New weakness or tingling on one side of my body, or part of my face or body.
- Not being able to talk, walk or think clearly.

**If I have these signs I should** \_\_\_\_\_