

High Blood Pressure Worksheet

1. How often should I monitor my blood pressure? _____
2. What is my blood pressure goal? _____
3. Do I need any routine labs to follow up on my high blood pressure or high blood pressure medicine?

4. What is a good weight for me? Is there a diet that will help me achieve this weight?

5. What are the side effects of my medicines?

6. When should I take my medicines?

7. Should I take my blood pressure pills with food or on an empty stomach?

8. What should I do if I forget to take my blood pressure medicine?

9. Do I need an Electrocardiogram (EKG)? _____
10. Do I need an Echocardiogram? _____
11. Should I be on aspirin? _____
12. What is my kidney function? _____
13. Do I have protein in my urine? _____
14. What is my cholesterol?

15. Have I been checked for diabetes? _____

16. What lifestyle changes should I make to help control my blood pressure?

17. Do I need a stress test?
