

## My Action Plan



### Special Instructions

When my blood pressure is above \_\_\_\_/\_\_\_\_ I should

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When my blood pressure is below \_\_\_\_/\_\_\_\_ I should

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Date	a.m./p.m.	Blood Pressure	Date	a.m./p.m.	Blood Pressure	Date	a.m./p.m.	Blood Pressure	Date	a.m./p.m.	Blood Pressure
	a.m./p.m.	/			/			/			/
	a.m./p.m.	/			/			/			/
	a.m./p.m.	/			/			/			/
	a.m./p.m.	/			/			/			/
	a.m./p.m.	/			/			/			/
	a.m./p.m.	/			/			/			/
	a.m./p.m.	/			/			/			/
	a.m./p.m.	/			/			/			/

## Personal Information

Name:

Health Care Provider:

Health Care Provider Phone Number:

Blood Pressure Medications:

Keep track of your medications. If your health care provider changes a medication and/or dose, update this section.

**For more information, talk with your provider or call 311.**



# BLOOD PRESSURE TRACKING CARD

HPDIX25700 - 6.17

Call 311 or visit [nyc.gov/health](http://nyc.gov/health)



