

1. ___/___/___ Blood Pressure #: ___/___
2. ___/___/___ Blood Pressure #: ___/___
3. ___/___/___ Blood Pressure #: ___/___

NEXT DOCTOR VISITS: Check your calendar

1. Ask the doctor to explain why I must take my medicine.
2. Explain what has changed in my life since my last visit (example: family, job, diet, exercise,)
3. I can talk to the doctor by using "I" Statements like: *ex. I know you are very busy but, I have some things that I need to talk about.*
4. Ask the doctor to explain medical words I don't understand.



Things I May Need to Talk About:

Patient Diary

Name: _____

Doctor's Name: _____

Clinic: _____



Patient-Physician Partnership to Improve High Blood Pressure Care

Coach ID #: _____

Name: _____

Phone #: _____

Physical Activity: Q: _____
A: _____

Smoking/Alcohol: Q: _____
A: _____

Stress: Q: _____
A: _____

Health and HBP Information: Q: _____
A: _____

Medication: Q: _____
A: _____

What to Eat: Q: _____
A: _____

Visit Date: _____
I. Questions and changes that I want to talk about to my doctor (Q=question and A=Answer)

