


<div style="text-align: center;">  </div> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take blood pressure medicine</li> <li><input type="checkbox"/> Limit alcohol to one drink daily for women, two for men</li> <li><input type="checkbox"/> Read labels and choose foods with low salt</li> <li><input type="checkbox"/> Diet of fresh fruits and vegetables</li> <li><input type="checkbox"/> Exercise 30 minutes most days of the week</li> <li><input type="checkbox"/> Maintain a healthy weight</li> </ul> <hr style="border-top: 1px dotted red;"/> <p style="text-align: center;"><b>MY LIFESTYLE CHANGES</b></p> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">             My Blood Pressure Wallet Card         </div>	<p style="text-align: center;"><b>QUESTIONS FOR YOUR PROVIDER</b></p> <hr style="border-top: 1px dotted red;"/> <ul style="list-style-type: none"> <li>• What is my blood pressure reading?</li> <li>• What is my goal blood pressure?</li> <li>• Is there a diet plan to help lower my blood pressure and lose weight?</li> <li>• Is it safe for me to do regular physical activity?</li> </ul> <p style="text-align: center;"><b>ABOUT YOUR MEDICATIONS</b></p> <hr style="border-top: 1px dotted red;"/> <ul style="list-style-type: none"> <li>• What is the name of my medication?</li> <li>• What is the generic name?</li> <li>• What are the possible side effects?</li> <li>• What time should I take my medicine?</li> <li>• Should I take it with food?</li> <li>• What if I forget to take my medicine at the right time?</li> </ul>																														
<p>My name _____</p> <p>Healthcare provider's name _____</p> <p>Provider's phone _____</p> <p>Provider's address _____</p> <p>Blood pressure medicine _____</p> <p>Special instructions _____</p>	<div style="background-color: #0056b3; color: white; padding: 10px; text-align: center; font-weight: bold; font-size: 1.2em;">             My Blood Pressure Diary         </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #800000; color: white;"> <th style="width: 25%;">Date/Time</th> <th style="width: 25%;">Position</th> <th style="width: 25%;">Blood Pressure</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr style="background-color: #800000; color: white;"> <td colspan="2"><b>Blood Pressure Goal</b></td> <td> </td> </tr> </tbody> </table>	Date/Time	Position	Blood Pressure																									<b>Blood Pressure Goal</b>		
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