BlueCross BlueShield of Oklahoma

Patient Hypertension Care Plan

Name:_____ Date:_____

Care Manager: _____ PCP: _____

	BP Goal	Last Visit	Today's
Managing your BP at home: • Check your BP • Keep log & bring to all of your visits			

Symptoms you may experience:

- Facial Flushing
- Headache
- Dizziness
- Shortness of breath

Contact your PCP at

_____

with any questions or concerns.

Preventive Care:

- ☐ Mammogram
- ☐ Colonoscopy/FOB
- ☐ Pneumovax
- ☐ Influenza yearly
- ☐ Microalbumin levels yearly
- ☐ Lab work every_____

Between now and my next visit I plan to work on: (choose 1 or 2)

Increasing Exercise:

- ☐ _____minutes
- ☐ _____times per week
- ☐ Other_____

Improving Diet/Nutrition:

- ☐ Reduce sodium intake
- ☐ Eat diet rich in fruits and vegetables
- ☐ Limit alcohol intake
- ☐ Eat lean meals

Being Tobacco Free:

- ☐ Get help to quit! Contact your physician or call: The National Quitline: 1-800-QUIT-NOW

Physician Follow up Visit:

- ☐ **3 Months:** _____
- ☐ **6 Months:** _____
- ☐ **12 Months:**_____
- ☐ **Lab only:**_____

Activities I would enjoy:

- ☐ Walking
- ☐ Stretching
- ☐ Bike Ride
- ☐ Yoga
- ☐ Swimming
- ☐ Other

Do you see any challenges to meeting your goals?

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