MY DO	CTOR'S INFORMATION:
NAME:	
ADDRE	SS: PHONE:
CURRE	NT MEDICATIONS & CONDITIONS:
LIST OF	MEDICATIONS:
CURRENT HEALTH CONDITIONS:	
QUEST	TIONS TO ASK MY DOCTOR:
O H	ow can I keep healthy blood pressure levels?
O H	ow often should I have my blood pressure measured?
O Do	I need to take medicine for high blood pressure?
O W	here can I find resources on healthy eating and physical activity?
NOTES	



