MY DOCTOR'S INFORMATION:	
NAME:	
ADDRESS:	PHONE:
CURRENT MEDICATIONS & COI	NDITIONS:
LIST OF MEDICATIONS:	
CURRENT HEALTH CONDITION	IS:
QUESTIONS TO ASK MY	DOCTOR:
O How can I keep healthy blood pressure levels?	
O How often should I have my blood pressure measured?	
O Do I need to take medicine for high blood pressure?	
Where can I find resource	ces on healthy eating and physical activity?
NOTES	



