

**WHAT TO TELL THE
DOCTOR/NURSE IF
YOU HAVE
HIGH BLOOD
PRESSURE**

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BNURS, MRES, PGCERT

DOCTOR'S TELEPHONE NUMBER

INFORMATION FOR RECEPTIONIST

1. I have been taking my blood pressure for.....number of days/weeks and it is high. My readings are.....
2. I have symptoms of: headache/palpitations/blurred vision/impotence. *If no symptoms, leave this out.*
3. I have a family history of heart attack/stroke/kidney disease/diabetes. *If no relevant family history, leave out.*
4. I am on this blood pressure medication. *If not on any blood pressure medication, leave out.*
5. I would like to speak to someone about this as soon as possible.

APPOINTMENT

DATE:.....

TIME:.....

WITH:.....

DATE OF APPOINTMENT

INFORMATION FOR DOCTOR/NURSE

1. I have been taking my blood pressure for.....number of days/weeks and it is high. My readings are.....
2. I have symptoms of: headache/palpitations/blurred vision/impotence. *If no symptoms, say so*
3. I have a family history of heart attack/stroke/kidney disease/diabetes. *If no relevant family history, say so*
4. I am on these medications (have list to hand) or write below:
.....
.....
.....
.....
5. I smoke cigarettes a day/ I don't smoke
6. I drink units of alcohol a day/I don't drink
7. I eat meals a day and they are relatively healthy/unhealthy
8. I am physically active/not physically active
9. I am diabetic and my sugars are well/poorly controlled/ I am not diabetic
10. I struggle with stress/ I don't struggle with stress
11. I sleep on average hours a night and it is good/bad quality sleep
12. I am going through the menopause

DATE OF APPOINTMENT

QUESTIONS FOR DOCTOR/NURSE

1. How often should I take my blood pressure?

.....
.....

2. What is my target blood pressure?

.....
.....

3. Is there anything else I can do to help reduce my blood pressure

.....
.....

If prescribed tablets

4. Are there any side effects I should look out for?

.....
.....

5. What do I do if the tablets make me feel unwell?

.....
.....

6. What do I do if my blood pressure falls below target?

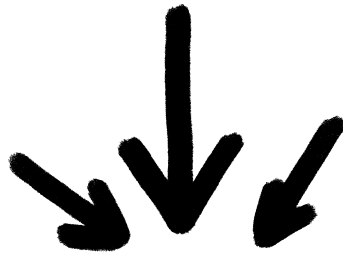
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7. Do I need to come and see you again?

.....
.....

LOOKING FOR MORE SUPPORT?

Check
this
out



www.actnowhealthcoaching.com/resources

Founded by a renal nurse with over 13 years of experience, Act Now Health Coaching will support you in making lifestyle changes to improve your blood pressure.

Designed to support rather than dictate change, the new ebook 'Kickstart Your Blood Pressure Health' is now available to allow you to mindfully discover where you can make subtle changes in your life that can have dramatic impact on your blood pressure.

Thank you

ACT NOW.
HEALTH COACHING