

Chronic Disease Management Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Diagnosis

Condition: Hypertension

Objectives

- Maintain blood pressure below [insert target BP]
- Reduce risk of cardiovascular complications
- Improve overall health and well-being

Management Plan

Medication

1. [Insert Medication Name] - Dosage: [Insert Dosage]
2. [Insert Medication Name] - Dosage: [Insert Dosage]

Lifestyle Modifications

- Adopt a heart-healthy diet (e.g., DASH diet)
- Exercise for at least 30 minutes most days
- Limit alcohol intake
- Quit smoking
- Manage stress through relaxation techniques

Follow-Up

Next Appointment: [Insert Date]

Monitoring: Blood pressure to be monitored weekly at home.

Healthcare Provider Contact

Name: [Insert Provider Name]

Contact Number: [Insert Contact Number]

Patient Signature: _____

Date: _____