

Heart Diary

Name: _____

Date: _____

Important Contact Information

Doctor or case manager:

Hospital or emergency room:

Other emergency contact information:

(parent, relative, or friend)

In case of any life-threatening emergency, **call 911**

Ambulance: _____

Blood pressure target: _____ / _____ or less

(Normal BP is 130/85 or better; ideal BP is 120/80 or less)

Weight target: _____ lbs **This is a BMI target of:** _____

Current BMI is: _____

(In general, aim for a body mass index of 25 or less – check the [BMI calculator](#) to determine yours, or ask your doctor.)

Cholesterol (in mg/dL)

(Date of last test: _____)

Total cholesterol: current _____ target _____ (ideal is 200 or less)

LDL cholesterol: current _____ target _____ (ideal is 100 or less)

Triglycerides: current _____ target _____ (ideal is 200 or less)

HDL cholesterol: current _____ target _____ (ideal is 40 or more)

Exercise targets:

_____ minutes of _____ every day three times a week once a week other _____

_____ minutes of _____ every day three times a week once a week other _____

_____ minutes of _____ every day three times a week once a week other _____

Daily medicines

Amount (dose)

When to take

Week of:	Blood pressure	Weight	Exercise (List type of activity)	How long?	Took meds?	Notes
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						