Your Stroke Prevention Plan

$\overline{\mathbf{p}}$	Medicines:	Blood Pressure Control
D	Blood pressure range:	
	Reduce Cholesterol, Fats and Salt	
$ \mathbf{R} $	Medicines:	Foods:
		low cholesterol □ low fat □ low salt
	LDL:	Your target goal:
	Anticoagulants/Antithrombotics	
$ \mathbf{A} $	Blood thinners you take ☐ apixaban (Eliquis®)	: □ aspirin □ heparin □ warfarin (Jantoven®) □ enoxaparin (Lovenox®) □ clopidogrel (Plavix®) □ rivaroxaban (Xarelto®) □
	Call your health care pro if you have black or tarr	ovider or go to the Emergency Department right away y-looking stools.
	Increase Activity How will you increase your activity level? What did your health care team	
	suggest?	our activity level. What did your health care team
	No	Tobacco Use/Drug Abuse
N	What is your plan to quit using tobacco or drugs?	
	Blood Glucose Control Medicines:	
	Hemoglobin A1c:	Your target A1c range: