Your Stroke Prevention Plan

Blood Pressure Control

Medicines: __________________________________________

Blood pressure range: __________________________________

Reduce Cholesterol, Fats and Salt

Medicines: ________________________________________ Foods: □ low cholesterol □ low fat □ low salt

LDL: __________________________ Your target goal: __________________________

Anticoagulants/Antithrombotics

Blood thinners you take: □ aspirin □ heparin □ warfarin (Coumadin®) □ apixaban (Eliquis®) □ enoxaparin (Lovenox®) □ clopidogrel (Plavix®) □ dabigatran (Pradaxa®) □ rivaroxaban (Xarelto®) □ ________________

Call your health care provider or go to the Emergency Department right away if you have black or tarry-looking stools.

Increase Activity

How will you increase your activity level? What did your health care team suggest?

______________________________________________________________

______________________________________________________________

No Tobacco Use/Drug Abuse

What is your plan to quit using tobacco or drugs?

______________________________________________________________

______________________________________________________________

Blood Glucose Control

Medicines: __________________________________________

Hemoglobin A1c: _________________ Your target A1c range: _________________