

**Insert your Health Center's Name Here**



**SELF-MANAGEMENT GOALS  
(META DE MANEJO PERSONAL)**

I, \_\_\_\_\_ on this day of \_\_\_\_\_ ,

(Yo, \_\_\_\_\_ en este día de \_\_\_\_\_,)

In order to help control my high blood pressure, I agree to do the following:

(Para ayudar a controlar mi alta presión, estoy de acuerdo de hacer lo siguiente):

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In \_\_\_\_\_, 1) I will call or return to the clinic to see the provider and inform him or her of my accomplishments, OR 2) the provider will call me back.

(En \_\_\_\_\_, 1) Yo llamaré, ó vendré a la clínica a ver a la enfermera y le informaré de mi progreso, O 2) la enfermera me llamará).

**NEXT CONTACT DATE:** \_\_\_\_\_

**SIGUIENTE CONTACTO:** \_\_\_\_\_