

TEAM LOG

Patient: _____ DOB: _____ JNC Goal BP: _____

A. BP Chart

Date	Pharmacy Visit	BP	Date	Pharmacy Visit	BP
	Screening				
	Initial visit				
	Follow up 1				
	Follow up 2				
	Follow up 3				
	Follow up 4				
	Follow up 5				

B. Progress Notes

Date Identified	HTN-related Issue or Barrier	Action	Result	Date of Result