TEAM LOG

Patient: _____ DOB: _____ ID: _____ 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

***Keep white copy for patient record. Keep yellow copy for program folder submitted at the end of 6 month program.**

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