

**BLOOD
PRESSURE:** _____

DATE TAKEN: _____

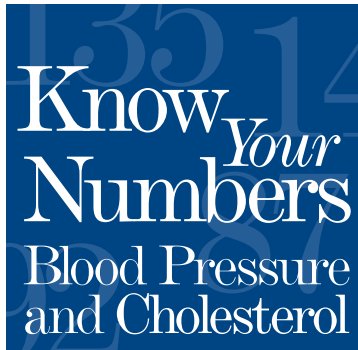
RE-CHECK ON: _____

**TOTAL
CHOLESTEROL:** _____

HDL: _____ **LDL:** _____

DATE TAKEN: _____

RE-CHECK ON: _____



Healthy Maine Partnerships

Maine Cardiovascular Health Program

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

Have your health care provider check your blood pressure and cholesterol.
Record here for future reference.

www.healthymainepartnerships.org/mcvhp