

## Meine Medikamente

| Name Medikament | morgens | mittags | abends | Beginn<br>Medikation |
|-----------------|---------|---------|--------|----------------------|
| 1               |         |         |        |                      |
| 2               |         |         |        |                      |
| 3               |         |         |        |                      |
| 4               |         |         |        |                      |
| 5               |         |         |        |                      |
| 6               |         |         |        |                      |
| 7               |         |         |        |                      |
| 8               |         |         |        |                      |
| 9               |         |         |        |                      |
| 10              |         |         |        |                      |
| 11              |         |         |        |                      |
| 12              |         |         |        |                      |

PRN 2020/21 160



# MEIN BLUTDRUCKPASS

NAME:



## Persönliche Daten

Name:

Adresse:

Telefonnummer:

Geburtsdatum:

Im Notfall zu benachrichtigen:

Behandelnder Arzt / Praxisstempel:

| Donnerstag | Freitag | Samstag | Sonntag |
|------------|---------|---------|---------|
|            |         |         |         |
|            |         |         |         |
|            |         |         |         |
|            |         |         |         |

|  |  |  |  |  |  |  | 220 |
|--|--|--|--|--|--|--|-----|
|  |  |  |  |  |  |  | 210 |
|  |  |  |  |  |  |  | 200 |
|  |  |  |  |  |  |  | 190 |
|  |  |  |  |  |  |  | 180 |
|  |  |  |  |  |  |  | 170 |
|  |  |  |  |  |  |  | 160 |
|  |  |  |  |  |  |  | 150 |
|  |  |  |  |  |  |  | 140 |
|  |  |  |  |  |  |  | 130 |
|  |  |  |  |  |  |  | 120 |
|  |  |  |  |  |  |  | 110 |
|  |  |  |  |  |  |  | 100 |
|  |  |  |  |  |  |  | 90  |
|  |  |  |  |  |  |  | 80  |
|  |  |  |  |  |  |  | 70  |
|  |  |  |  |  |  |  | 60  |
|  |  |  |  |  |  |  | 50  |
|  |  |  |  |  |  |  | 40  |

Blutdruckwert (mmHg)

Dokumentation von Besonderheiten, Notizen

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## Mein Herz-Kreislauf-Risikoprofil

|                         |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
| Datum:                  |  |  |  |  |  |
| Körpergewicht (kg)      |  |  |  |  |  |
| Bauchumfang (cm)        |  |  |  |  |  |
| Cholesterin (mg/dl)     |  |  |  |  |  |
| HDL-Cholesterin (mg/dl) |  |  |  |  |  |
| LDL-Cholesterin (mg/dl) |  |  |  |  |  |
| Blutzucker (mg/dl)      |  |  |  |  |  |
| HbA1c (%)               |  |  |  |  |  |
| Kreatinin (mg/dl)       |  |  |  |  |  |
| Rauchen ja/nein         |  |  |  |  |  |