

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient Name],

This letter is to provide an update on your Chronic Hypertension Care Plan following your recent evaluation on [Insert Date of Last Visit]. Our goal is to maintain your blood pressure within a healthy range to prevent long-term complications.

1. Blood Pressure Goals

Your target blood pressure goal is: **[Insert Target, e.g., Less than 130/80 mmHg]**.

2. Medication Updates

Based on your latest readings, your medication regimen is as follows:

- **Medication Name:** [Insert Name] | **Dosage:** [Insert Dose] | **Frequency:** [Insert Frequency]
- **Medication Name:** [Insert Name] | **Dosage:** [Insert Dose] | **Frequency:** [Insert Frequency]

3. Lifestyle Recommendations

- **Diet:** Follow the DASH diet (Low sodium, high potassium/magnesium).
- **Activity:** Aim for [Insert Number] minutes of moderate exercise per week.
- **Monitoring:** Check your blood pressure at home [Insert Frequency] and log the results.

4. Follow-Up Schedule

Your next appointment is scheduled for: **[Insert Date/Time]**.

Please contact our office at [Insert Phone Number] if you experience symptoms such as severe headaches, vision changes, or chest pain.

Sincerely,

[Provider Name/Signature]

[Practice Name]

[Contact Information]