Keep Track/Learn More

My Blood Pressure Log

Patient Name

_____

My Doctor Recommends I Check My Blood Pressure:	My Blood Pressure Goal is:
_____ times a day	_____ / _____

DATE	READING 1			READING 2			READING 3			COMMENTS (at pharmacy, missed medications, etc.)
	Time	Blood Pressure	Heart Rate (Pulse)	Time	Blood Pressure	Heart Rate (Pulse)	Time	Blood Pressure	Heart Rate (Pulse)	
1/1	10 am	132 /85	77	12 pm	130 /83	74	3 pm	130 /83	74	at pharmacy
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EXAMPLE

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