**BLOOD PRESSURE LOG**

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| --- | --- | --- | --- |
| Patient’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Patient’s Age: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Patient’s Weight: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Target BP: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Physician’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Physician's Contact: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Date** | **Time** | **SBP** | **DBP** | **Heart rate** | **Comments (Medication or Activity)** |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ AM |  |  |  |  |
| \_\_\_\_\_\_\_\_\_ PM |  |  |  |