**BLOOD PRESSURE LOG**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient’s Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Patient’s Age:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Patient’s Weight:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Doctor’s Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Doctor’s Number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Target BP:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time** | **BP Reading** | **Heart Rate** | **Medication** | **Notes** |
| Monday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Tuesday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Wednesday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Thursday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Friday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Saturday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Sunday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  |  |  |  |
| **Day** | **Date** | **Time** | **BP Reading** | **Heart Rate** | **Medication** | **Notes** |
| Monday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Tuesday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Wednesday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Thursday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Friday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Saturday |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| Sunday |  |  |  |  | [ ]  Yes  | [ ]  No |  |