

# CARDIOVASCULAR HEALTH MONITOR

Month/Year: \_\_\_\_\_

PATIENT NAME

PHYSICIAN

TARGET BP RANGE

DATE	TIME	BLOOD PRESSURE		HEART RATE (BPM)	O2 SAT (%)	WEIGHT (KG/LB)	MEDS TAKEN	SYMPTOMS / ACTIVITY NOTES
		SYSTOLIC	DIASTOLIC					

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**Note:** Record readings after 5 minutes of rest. **Symptoms Key:** S: Shortness of Breath | D: Dizziness | C: Chest Pain | P: Palpitations