

BLOOD PRESSURE LOG

Target Range: _____ / _____

Name: _____

Month/Year: _____

DATE	TIME	SYSTOLIC (TOP)	DIASTOLIC (BOTTOM)	PULSE	NOTES (ACTIVITY, DIET, MEDICATION)
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DATE	TIME	SYSTOLIC (TOP)	DIASTOLIC (BOTTOM)	PULSE	NOTES (ACTIVITY, DIET, MEDICATION)
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Note: This log is for personal tracking. Please consult your physician for medical advice and diagnosis.