

# BLOOD PRESSURE LOG

## PHYSICIAN APPROVED

Name:

Month/Year:

Physician:

Target BP:

DATE	TIME	SYSTOLIC (TOP #)	DIASTOLIC (BOTTOM #)	PULSE (BPM)	NOTES / ACTIVITY
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**Instructions:** Measure at the same time daily (ideally morning and evening). Rest for 5 minutes before recording. Avoid caffeine or smoking 30 minutes prior. Bring this completed log to your next appointment.

Confidential Medical Record & Created for Patient Home Monitoring