

BLOOD PRESSURE LOG

Target BP: _____ / _____

PATIENT NAME

DATE OF BIRTH

ID NUMBER

DATE	TIME	SYSTOLIC (TOP #)	DIASTOLIC (BOTTOM #)	PULSE (BPM)	NOTES (ACTIVITY, POSITION, SYMPTOMS)
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DATE	TIME	SYSTOLIC (TOP #)	DIASTOLIC (BOTTOM #)	PULSE (BPM)	NOTES (ACTIVITY, POSITION, SYMPTOMS)
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Physician/Provider: _____

Frequency: _____