

HEART RATE TRACKING LOG

Patient Name: _____

Month/Year: _____

Target Zone: _____

DATE	TIME	RESTING BPM	ACTIVITY BPM	NOTES (MEDICATION, SYMPTOMS, ACTIVITY)
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DATE	TIME	RESTING BPM	ACTIVITY BPM	NOTES (MEDICATION, SYMPTOMS, ACTIVITY)
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Additional Physician Instructions or Monthly Summary:

This chart is for personal tracking only. Contact a medical professional for health concerns.