

HEART RATE HISTORY LOG

Target Range: _____ BPM

Patient Name:

Month/Year:

DATE	TIME	RESTING HR (BPM)	ACTIVITY HR (BPM)	NOTES (SYMPTOMS, ACTIVITY, MEDS)
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DATE	TIME	RESTING HR (BPM)	ACTIVITY HR (BPM)	NOTES (SYMPTOMS, ACTIVITY, MEDS)
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* This log is for personal tracking. If you experience chest pain, dizziness, or shortness of breath, contact a healthcare professional immediately.