

BLOOD PRESSURE LOG

Month/Year: _____

Patient Name: _____

DOB: _____

ID: _____

Systolic (Upper)
Diastolic (Lower)

6080100120140160180200

Date	Time	Systolic (mmHg)	Diastolic (mmHg)	Pulse (BPM)	Notes (Activity, Stress, Caffeine, etc.)
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Clinical Reference: Normal: