

BLOOD PRESSURE LOG

Target Goal: _____ / _____ mmHg

PATIENT NAME
DOB
PROVIDER

| DATE | TIME | SYSTOLIC (TOP) | DIASTOLIC (BOTTOM) | PULSE (BPM) | NOTES (MEDICATIONS, ACTIVITY, STRESS) |
|------|------|-------------------|-----------------------|----------------|--|
|------|------|-------------------|-----------------------|----------------|--|

| DATE | TIME | SYSTOLIC (TOP) | DIASTOLIC (BOTTOM) | PULSE (BPM) | NOTES (MEDICATIONS, ACTIVITY, STRESS) |
|-------------|-------------|---------------------------|-------------------------------|------------------------|--|
|-------------|-------------|---------------------------|-------------------------------|------------------------|--|

** Note: Avoid caffeine, smoking, or exercise for 30 minutes before taking measurements. Sit quietly for 5 minutes with back supported and feet flat on the floor.*