

BLOOD PRESSURE LOG

Physician Review Copy

Period: _____ to _____

Patient Name:

Date of Birth:

Provider:

Target BP:

DATE	TIME	SYSTOLIC (TOP)	DIASTOLIC (BOTTOM)	PULSE	COMMENTS (ACTIVITY, STRESS, MEDICATION)
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Physician Observations & Instructions:

Normal: < 120/80 **Elevated:** 120-129 / < 80 **Hypertension Stage 1:** 130-139 / 80-89 **Hypertension Stage 2:** 140+ / 90+

Physician Signature: _____ **Date:** _____