BLOOD PRESSURE LOG

NAME
MONTH / YEAR
TARGET BP

DATE	TIME	BLOOD PRESSURE		HEART RATE (PULSE)	NOTES (MEDICATION, ACTIVITY, DIET)
		SYSTOLIC (TOP)	DIASTOLIC (BOTTOM)		

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		SYSTOLIC (TOP)	DIASTOLIC (BOTTOM)		

Instructions: Rest for 5 minutes before taking measurements. Keep feet flat on the floor and arm at heart level.