VITAL SIGNS MONITORING LOG

Month/Year: _____

Patient Name: _____
Condition: _____
Physician: _____

DATE	TIME	BLOOD PRESSURE (MMHG)	PULSE (BPM)	SPO2 (%)	TEMP (F/C)	GLUCOSE (MG/DL)	NOTES / SYMPTOMS

DATE	TIME	BLOOD PRESSURE (MMHG)	PULSE (BPM)	SPO2 (%)	TEMP (F/C)	GLUCOSE (MG/DL)	NOTES / SYMPTOMS

Emergency Contact: _____ | **Target Ranges:** BP: < 130/80, Pulse: 60-100, SpO2: > 95%