

VITAL SIGNS MONITOR

Month/Year: _____

Name: _____

DOB: _____

Physician: _____

BLOOD PRESSURE

DATE TIME

	SYSTOLIC	DIASTOLIC
Normal	120	80
Prehypertension	130-139	85-89
Hypertension	140 or higher	90 or higher

**PULSE
(BPM)**

TEMP
(F/C)

OXYGEN
(SPO2 %)

WEIGHT
(LBS/KG)

OBSERVATIONS / SYMPTOMS

DATE	TIME	BLOOD PRESSURE		PULSE (BPM)	TEMP (F/C)	OXYGEN (SPO2 %)	WEIGHT (LBS/KG)	OBSERVATIONS / SYMPTOMS
		SYSTOLIC	DIASTOLIC					

** This log is for tracking purposes only. In case of emergency or values outside of prescribed range, contact your healthcare provider immediately.*