

# Blood Pressure Log

Your Name: \_\_\_\_\_

Take 2 readings a day: One in the morning and one in the evening, or as advised by your healthcare provider. Record all results below. Share at your appointments

Date	Time	Blood Pressure systolic/diastolic	Heart Rate (pulse)		Date	Time	Blood Pressure systolic/diastolic	Heart Rate (pulse)
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HEALTH CARE DISCLAIMER: This program, related materials and services do not constitute the practice of medical advice, diagnosis or treatment. The quality of an at home reading is dependent on both the method and equipment. Always talk to your health care provider for diagnosis and treatment, including your specific medical needs. If you have or suspect that you have a medical problem or condition, please contact a qualified healthcare professional immediately. If you are in the United States and experiencing a medical emergency, call 911 or call for emergency medical help immediately.