Name: _		
	DOB:	



BLOOD PRESSURE LOG

Call if greater than 150/100 or less than 95/60

Medications/Dose	
------------------	--

	TIME	BLOOD PRESSURE		TIME	BLOOD PRESSURE	
DATE	AM	SYSTOLIC	DIASTOLIC	PM	SYSTOLIC	DIASTOLIC
	AM	(Upper Number)	(Lower Number)	1 /41	(Upper Number)	(Lower Number)