

BLOOD PRESSURE RECORD

NAME: _____ FROM _____ TO _____
 DOCTOR'S NAME: _____ PHONE: _____
 CURRENT MEDICATIONS: _____

READING #	DATE	TIME	READING SYSTOLIC	READING DIASTOLIC
1				
2				
3				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

READING #	DATE	TIME	READING SYSTOLIC	READING DIASTOLIC
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

DIRECTIONS:

Write the date, time and your systolic and diastolic readings.
 Track your reading on the graph. Photocopy to make extra copies.