FamilyMedicalDoctors

2-Week Blood Pressure Log

Fourteen days of morning and evening readings

PATIENT TRACKER | VERSION B2 - LANDSCAPE

Name _____ **Start date** _____ **Cuff arm L / R** _____ **My BP goal** _____ **Report results by** _____

REST 5 MINUTES - THEN TAKE TWO READINGS AT LEAST 1 MINUTE APART

Use the same arm and roughly the same morning and evening times. Follow the schedule your clinician gave you.

DAY / DATE	AM #1 SYS / DIA / PULSE	AM #2 SYS / DIA / PULSE	PM #1 SYS / DIA / PULSE	PM #2 SYS / DIA / PULSE	MEDICINE, SYMPTOMS, OR NOTES
DAY 1 ____ / ____					
DAY 2 ____ / ____					
DAY 3 ____ / ____					
DAY 4 ____ / ____					
DAY 5 ____ / ____					
DAY 6 ____ / ____					
DAY 7 ____ / ____					
DAY 8 ____ / ____					
DAY 9 ____ / ____					
DAY 10 ____ / ____					
DAY 11 ____ / ____					
DAY 12 ____ / ____					
DAY 13 ____ / ____					
DAY 14 ____ / ____					

Write systolic / diastolic and pulse in each reading box. Leave missed readings blank; do not estimate.