

My Home Blood Pressure Log

Patient Name: _____

Date of Birth: ____ / ____ / ____

REST for 5 minutes with both feet flat on the floor before taking the first blood pressure. (#1)

WAIT 1 minute before taking the second blood pressure. (#2)

MEASURE before taking your blood pressure medication & before eating or 2 hours after eating.

TAKE your blood pressure 10 to 12 hours apart when doing AM & PM measurements.

BRING your log and your medications to every appointment

DATE		TIME	COMMENTS	Heart Rate	BP Reading #1 Systolic	BP Reading #1 Diastolic	BP Reading #2 Systolic	BP Reading #2 Diastolic
	Day 1 Morning							
	Day 1 Evening							
	Day 2 Morning							
	Day 2 Evening							
	Day 3 Morning							
	Day 3 Evening							
	Day 4 Morning							
	Day 4 Evening							
	Day 5 Morning							
	Day 5 Evening							
	Day 6 Morning							
	Day 6 Evening							
	Day 7 Morning							
	Day 7 Evening							
	Day 8 Morning							
	Day 8 Evening							
	Day 9 Morning							
	Day 9 Evening							
	Day 10 Morning							
	Day 10 Evening							
	Day 11 Morning							
	Day 11 Evening							
	Day 12 Morning							
	Day 12 Evening							
	Day 13 Morning							
	Day 13 Evening							
	Day 14 Morning							
	Day 14 Evening							
	Day 15 Morning							
	Day 15 Evening							
	Day 16 Morning							
	Day 16 Evening							

DATE	TIME	COMMENTS	Heart Rate	BP Reading #1 Systolic	BP Reading #1 Diastolic	BP Reading #2 Systolic	BP Reading #2 Diastolic
	Day 17 Morning						
	Day 17 Evening						
	Day 18 Morning						
	Day 18 Evening						
	Day 19 Morning						
	Day 19 Evening						
	Day 20 Morning						
	Day 20 Evening						
	Day 21 Morning						
	Day 21 Evening						
	Day 22 Morning						
	Day 22 Evening						
	Day 23 Morning						
	Day 23 Evening						
	Day 24 Morning						
	Day 24 Evening						
	Day 25 Morning						
	Day 25 Evening						
	Day 26 Morning						
	Day 26 Evening						
	Day 27 Morning						
	Day 27 Evening						
	Day 28 Morning						
	Day 28 Evening						
	Day 29 Morning						
	Day 29 Evening						
	Day 30 Morning						
	Day 30 Evening						

Patient Name: _____

Date of Birth: ____ / ____ / ____