Blood Pressure Log

www.ourfamilydoctors.net

Name: _____

Date	Time	A.M / P.M.	B.P.	Special circumstances example: exercise, stress, resting

Physician Instructions:

Return for follow-up office visit in: 1 week 2 weeks 1 month

Blood Pressure Medication:	Dose:	Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE BRING THIS LOG WITH YOU TO YOUR NEXT FOLLOW-UP OFFICE VISIT