

## Record Your Blood Pressure

*High Blood Pressure - Treat it for Life*

Record your blood pressure readings on this sheet and bring with you to your next office visit.

**Name** \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_

Date \_\_\_\_\_ Reading 1: \_\_\_\_\_ Reading 2: \_\_\_\_\_

Notes: \_\_\_\_\_