BLOOD PRESSURE RECORD

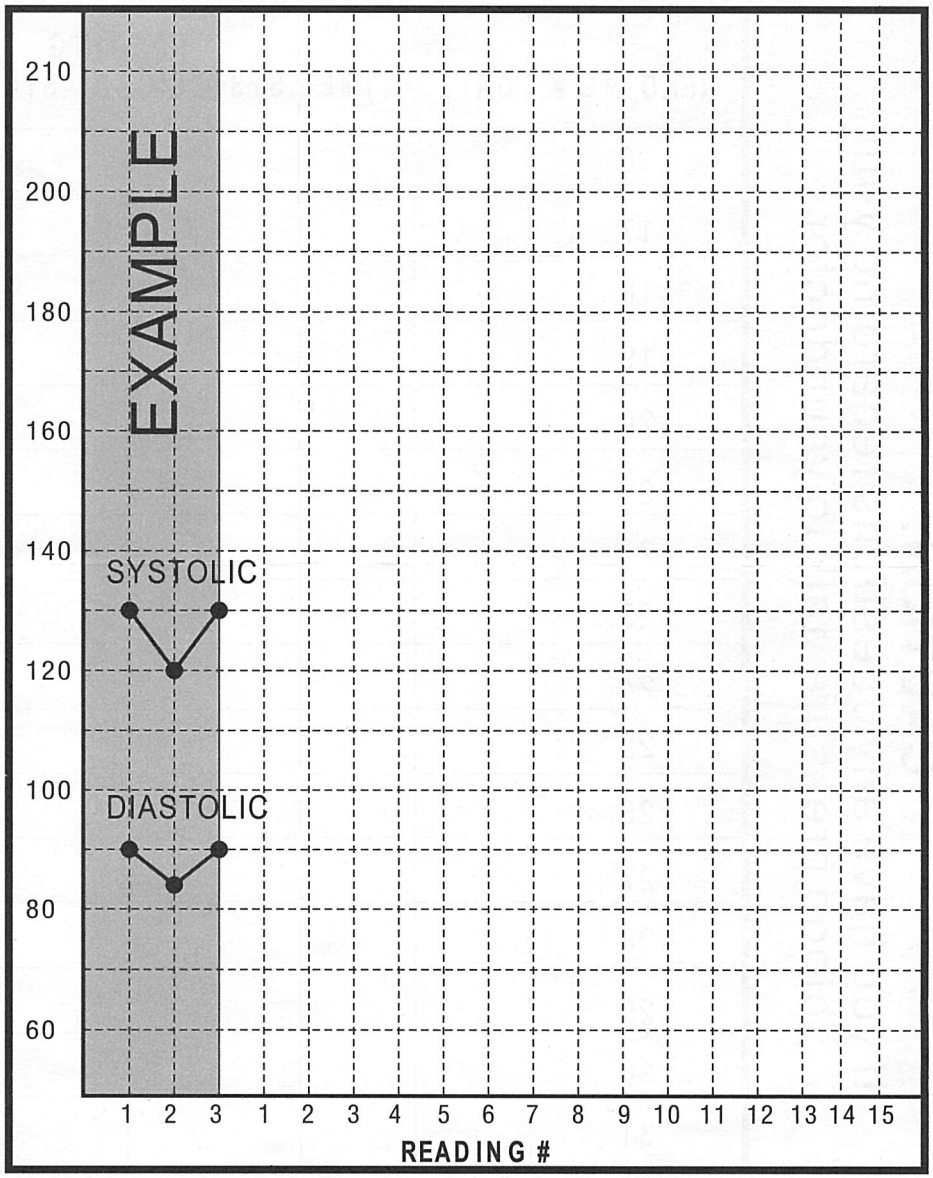
Name:_____ From:_____ To:_____

Doctor's Name:_____ Phone:_____

Curent Medications:_____

READING #	DATE	TIME	READING SYSTOLIC	DIASTOLIC
1	2/10	9 am	132	92
2	2/10	9 am	132	85
3	2/11	9 am	132	89
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

EXAMPLE in Gray Above



DIRECTIONS:

Write the date, time and your systolic and diastolic readings.

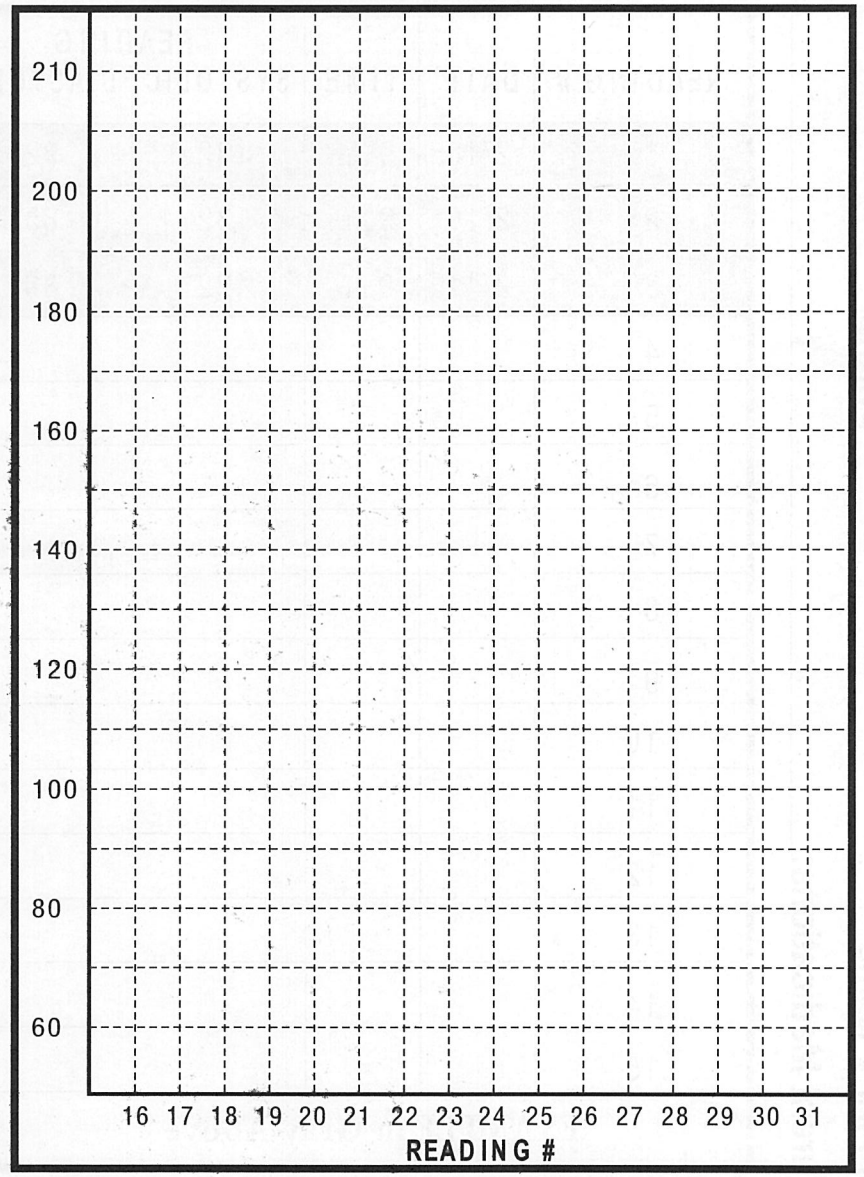
Track your reading on the graph. Photocopy to make extra copies.

MBR-BV1A9-EA1

BLOOD PRESSURE RECORD

CAUTION:
If you have any questions regarding your blood pressufe, talk to your doctor.

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



Comments: _____