NORTH HILLS FAMILY MEDICINE

Blood Pressure Log

Name: _____

DOB: _____

Tips:

- For best results, remain still for at least 5 minutes. Sit with your back straight and supported and your feet at on the floor.
- Rest your arm on a flat surface (such as a table) so your upper arm is at heart level.
- Record your blood pressure on this sheet and show it to your provider at every visit. Talk to your provider about your personal blood pressure goals

Date	Time	Systolic (Top #)	Diastolic (Bottom #)	Pulse	Notes