
My Blood Pressure Log

Personal Information

- Name: _____
- Age: _____
- Doctor's Name: _____
- Clinic Contact: _____

Instructions for Use:

1. Use this log for personal tracking of blood pressure to discuss with your doctor.
2. Take readings in the morning and evening and before meals.
3. Avoid caffeine or exercise 30 minutes prior to measuring.
4. Note symptoms like dizziness, fatigue, or palpitations.

Date	Time	Systolic (mmHg)	Diastolic (mmHg)	Pulse (BPM)	Lifestyle Factors (e.g., Stress, Exercise)
YYYY-MM-DD	HH:MM				
YYYY-MM-DD	HH:MM				
YYYY-MM-DD	HH:MM				

Additional Notes Section:

- Observations: _____
- Medication Taken: _____
- Any Questions for Your Doctor: _____