

# Home Blood Pressure & Heart Rate Monitoring Log

## PATIENT INFORMATION LABEL

Name:

Address:

Phone:

Date of Birth (MM/DD/YYYY):

PHN:

My blood pressure (BP) target is:

Date	1st Reading			2nd Reading			Comments
	Time	BP	HR	Time	BP	HR	

### Instructions:

- At each measurement, take 2 readings, one minute apart. If your 2 readings are very different, discard the 1st reading and take a 3rd reading.
- **Please bring your log with you to each clinic appointment.**

### Seek medical assistance immediately:

- If you are experiencing a sudden onset or new or worsening symptoms of chest pain, shortness of breath, light headedness/dizziness, change in vision or difficulty speaking.
- OR**
- If your blood pressure is more than 180/110 (top or bottom number) even if you are not experiencing symptoms.