COMPLETE CARE

Daily Blood Pressure Log

Please print this form to assist you in keeping track of your blood pressure at home.

Name: _____ Date of Birth: _____

Target Blood Pressure: _____

Date:	**Time (a.m.)**	**Blood Pressure:**	**Pulse Rate:**	**Time (p.m.)**	**Blood Pressure :**	**Pulse Rate:**	**Comments:**
Sample	*8:37*	*127/83*	*84*				*Stressful morning*