

Blood Pressure Tracker

A 7-day morning and evening record to review with your clinician.

BEFORE EACH MEASUREMENT

Use a validated upper-arm monitor with the correct cuff size. Avoid caffeine, smoking, and exercise for 30 minutes. Empty your bladder, then sit quietly for at least 5 minutes with back supported, feet flat, legs uncrossed, and the bare cuffed arm supported at heart level. Do not talk. Take 2 readings 1-2 minutes apart unless your clinician gave different instructions.

YOUR MONITORING PLAN

Name:

Clinician / clinic:

Personal BP goal or call parameters:

Dates tracked:

Date	AM time	AM #1 SYS / DIA	AM #2 SYS / DIA	AM pulse	PM time	PM #1 SYS / DIA	PM #2 SYS / DIA	PM pulse	Meds / supplements taken or changed	Symptoms / context (pain, stress, activity)

SYS = systolic (top number) | DIA = diastolic (bottom number) | Pulse = beats per minute

Notes for Your Clinician

Record what surrounded the numbers - medications, supplements, symptoms, and questions.

MEDICATION AND SUPPLEMENT RECORD

Name	Dose / form	When taken	Purpose	Started / changed	Notes or missed doses

SYMPTOMS AND EVENTS

Date / time	Symptom or event	What you were doing	Duration / what happened next

QUESTIONS FOR THE VISIT

1. _____
2. _____
3. _____
4. _____

BRING THIS TO YOUR CLINICIAN.
Also bring your home monitor and the medication / supplement bottles or clear label photos.