

_____ Please send log sheet in every Tuesday _____

14 Day Blood Pressure Log

If the upper number is > 155 or the lower number is > 105, repeat in 15 minutes. If it is still elevated, call your doctor's office, or go to the hospital.

Fill in dates, blood pressure values and treatment details.

Send in this log to us **EVERY 7 DAYS** via email:

AHMG.CFL.HRP@AdventHealth.com or Fax 407-303-0897.

We will contact you within 2 business days with feedback on your values.

If you do not hear from us, we did not receive your form.

Patient Name: _____
DOB: _____

Week 1	Dates:	Blood Pressure: SYSTOLIC (Upper Number)	Blood Pressure: DIASTOLIC (Lower Number)	Comments:

Let us know if you have any feedback on the values above or any other details we should know:

Please specify medications you took this week. Include medication name, dosage, and count.

Waking Up	Breakfast	Lunch	Dinner	Bedtime	Other

Week 2	Dates:	Blood Pressure: SYSTOLIC (Upper Number)	Blood Pressure: DIASTOLIC (Lower Number)	Comments:

Let us know if you have any feedback on the values above or any other details we should know:

Please specify medications you took this week. Include medication name, dosage, and count.

Waking Up	Breakfast	Lunch	Dinner	Bedtime	Other