# Blood Pressure Log

Free printable from MedKeep
medkeep.app/templates

Name: _____ Date of birth: _____

Doctor: _____ Arm used (left / right): _____

Sit quietly for 5 minutes first, back supported, feet flat, arm resting at heart level. Take 2 readings 1 minute apart at the same times each day and write both down.

| Date | Time (AM / PM) | Reading 1 (SYS / DIA) | Reading 2 (SYS / DIA) | Pulse | Notes (medicine taken, symptoms, missed dose) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

For personal record-keeping only — not medical advice. Ask your doctor or pharmacist about your results and medicines.

Keep it on your phone: MedKeep for Android