

BLOOD PRESSURE logbook



Personal information

First name(s): _____ Name(s): _____

Disease(s): _____

Pharmacy: _____ Tel.: _____

Family physician: _____ Tel.: _____

Specialist doctor: _____ Tel.: _____

In case of emergency: _____ Tel.: _____

Drugs, vitamins, supplements and natural health products

Drugs / Product	Dose	Time of day	I take it for:





My blood-pressure targets are: ____/____ mm HG

High blood pressure increases the risk of cardiovascular disease, stroke and kidney disease. **It is difficult to determine the exact cause of high blood pressure.** While dietary changes do not replace medication, they can increase the effectiveness of your treatment and reduce your risk of cardiovascular disease.

Monitoring your blood pressure at home is complementary to the clinical measurements performed by a health professional. Home measurements tell you if your blood pressure is higher **in the presence of health professionals or when done in the doctor's office**, for instance. The figures you get at home may provide a **more realistic picture of your blood pressure.**

Why should I measure my blood pressure at home?

Date	Time of day	Arm	Systolic	Diastolic	Pulse	Comment

My target values of ____/____ mm HG.





SITTING POSITION

DO NOT SPEAK BEFORE OR DURING THE MEASUREMENT

QUIET AND COMFORTABLE ENVIRONMENT

Back supported

Arm at heart level

Arm supported

Legs uncrossed

Feet flat on the ground



My target values of _____ / _____ mm HG.

Date							
Time of day							
Arm							
Systolic							
Diastolic							
Pulse							
Comment							







My target values of _____ / _____ mm HG.

Date							
Time of day							
Arm							
Systolic							
Diastolic							
Pulse							
Comment							

My target values of _____ / _____ mm HG.

Date							
Time of day							
Arm							
Systolic							
Diastolic							
Pulse							
Comment							





Comment							
Pulse							
Diastolic							
Systolic							
Arm							
Time of day							
Date							

My target values of _____ / _____ mm HG.

Comment							
Pulse							
Diastolic							
Systolic							
Arm							
Time of day							
Date							

My target values of _____ / _____ mm HG.





My target values of _____ / _____ mm HG.

Date							
Time of day							
Arm							
Systolic							
Diastolic							
Pulse							
Comment							

My target values of _____ / _____ mm HG.

Date							
Time of day							
Arm							
Systolic							
Diastolic							
Pulse							
Comment							





Comment						
Pulse						
Diastolic						
Systolic						
Arm						
Time of day						
Date						

My target values of _____ / _____ mm HG.

Comment						
Pulse						
Diastolic						
Systolic						
Arm						
Time of day						
Date						

My target values of _____ / _____ mm HG.





My target values of _____ / _____ mm HG.

Date							
Time of day							
Arm							
Systolic							
Diastolic							
Pulse							
Comment							

My target values of _____ / _____ mm HG.

Date							
Time of day							
Arm							
Systolic							
Diastolic							
Pulse							
Comment							

