

Note: These are guidelines only. Consult with your pharmacist or physician about your individual situation.

Category	Systolic/Diastolic
Normal	< 135/85
High Blood Pressure	$\geq 135 / 85$
High Blood Pressure (for people with diabetes)	$\geq 130 / 80$



BLOOD PRESSURE MONITORING LOG

Name _____

Date of Birth _____

Personal Health Card # _____

DATE						
READ						

DATE						
READ						

DATE						
READ						

DATE						
READ						