





MONTHLY BLOOD PRESSURE TRACKER

Your Doctor:	
Telephone Number:	• Check you • Record the
Blood Pressure (BP) Goal:	• Share this

- Check your blood pressure at the same time each day.
- Record the date, time, and your readings below
- Share this log with your doctors at each appointment.

WEEK ONE

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	

WEEK TWO

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	

WEEK THREE

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	

WEEK FOUR

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	