Home Blood Pressure Log

FAIRFAX FAMILY PRACTICE CENTERS

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Name: Target blood pressure:

Date	Time (a.m.)	Blood pressure	Time (p.m.)	Blood pressure	Comments
Sample: *8/6*	*8:15*	*137/87*	*6:20*	*142/92*	*Stressful day at work*