Lower than _____/ _____



Patient Name:
Record your blood pressure and comments on your
activity, eating and emotions. Remember to bring this log
to your regular healthcare visits.
My Blood Pressure Goal:

_ (systolic/diastolic)

Plan to take your blood pressure:

- At least three times per week unless otherwise directed.
- At the same place and time(s). It's good to measure in the morning before taking medications and in the evening before dinner.
- After a change in treatment (such as new medication) and the week before a regular medical appointment.

Date	Time	Blood Pressure	Pulse	Comments
1/10/19	<i>5</i> :30 р.т.	129/77	72	Busy day at work, no time for my walk
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		



Date	Time	Blood Pressure	Pulse	Comments
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		

If your blood pressure is very high or very low, call your healthcare team today.

- **Very high**—higher than 180 top (systolic) or higher than 120 bottom (diastolic) and your numbers remain high after resting for five minutes.
- **Very low**—lower than 100/50 and you feel dizzy.

Know when to call 911.

Call 911 right away if you have any of the following symptoms:

- **Signs of a heart attack**—chest pressure or pain, jaw discomfort, arm or hand numbness or tingling, shortness of breath or nausea that doesn't go away within 10 minutes of rest.
- **Signs of a stroke**—arm numbness or weakness on one side, face drooping, difficulty speaking, sudden loss o balance or coordination, or sudden change in vision in one or both eyes.
- Sudden or severe symptoms—such as headache, back pain, vomiting, confusion or change in vision.