## **Home Blood Pressure Log**

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 block	od pressure:
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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



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