

7 Day Recording Sheet Self-Measured Blood Pressure Monitoring

Name _____

Date _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<p>MORNING ☀</p> <p>1 SYS DIA</p> <p>PULSE</p> <p>2 SYS DIA</p> <p>PULSE</p> <p>NOTES</p>	<p>MORNING ☀</p> <p>1 SYS DIA</p> <p>PULSE</p> <p>2 SYS DIA</p> <p>PULSE</p> <p>NOTES</p>	<p>MORNING ☀</p> <p>1 SYS DIA</p> <p>PULSE</p> <p>2 SYS DIA</p> <p>PULSE</p> <p>NOTES</p>	<p>MORNING ☀</p> <p>1 SYS DIA</p> <p>PULSE</p> <p>2 SYS DIA</p> <p>PULSE</p> <p>NOTES</p>	<p>MORNING ☀</p> <p>1 SYS DIA</p> <p>PULSE</p> <p>2 SYS DIA</p> <p>PULSE</p> <p>NOTES</p>	<p>MORNING ☀</p> <p>1 SYS DIA</p> <p>PULSE</p> <p>2 SYS DIA</p> <p>PULSE</p> <p>NOTES</p>	<p>MORNING ☀</p> <p>1 SYS DIA</p> <p>PULSE</p> <p>2 SYS DIA</p> <p>PULSE</p> <p>NOTES</p>
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<p>PRACTICE ADDRESS</p> <p>_____</p> <p>PHONE</p> <p>_____</p> <p>EMAIL</p> <p>_____</p> <p>PATIENT PORTAL</p> <p>_____</p> <p>NEXT APPOINTMENT DATE & TIME</p> <p>_____</p>	<p>Diagnostic SMBP, measure for 7 consecutive days</p> <p>Confirmed hypertension, measure for 7 consecutive days prior to next office visit</p> <p>Report Back Results By</p> <p>Phone _____</p> <p>Patient portal _____</p> <p>Bring back device or written log _____</p> <p>Other _____</p>	<p>If your blood pressure measurement is:</p> <table border="1"> <tr> <td style="width: 33%;"> <p>MORE THAN</p> <p>SYS DIA</p> <p>Your blood pressure is high. Recheck in 5 minutes. If it remains in this range, call your physician immediately.</p> </td> <td style="width: 33%;"> <p>BETWEEN</p> <p>SYS DIA & SYS DIA</p> <p>This is the desired range for your blood pressure. Please continue to monitor your blood pressure as you have been instructed by your care team.</p> </td> <td style="width: 33%;"> <p>LESS THAN</p> <p>SYS DIA</p> <p>Your blood pressure is low. Recheck in 5 minutes. If it remains in this range, call your physician immediately.</p> </td> </tr> </table> <p>INSTRUCTIONS: If at any time you feel light headed or have a headache, check your blood pressure and call the office immediately.</p> <p>_____</p>	<p>MORE THAN</p> <p>SYS DIA</p> <p>Your blood pressure is high. Recheck in 5 minutes. If it remains in this range, call your physician immediately.</p>	<p>BETWEEN</p> <p>SYS DIA & SYS DIA</p> <p>This is the desired range for your blood pressure. Please continue to monitor your blood pressure as you have been instructed by your care team.</p>	<p>LESS THAN</p> <p>SYS DIA</p> <p>Your blood pressure is low. Recheck in 5 minutes. If it remains in this range, call your physician immediately.</p>
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