PARKVIEW MEDICAL GROUP
an Affiliate of Monocacy Health Partners

Blood Pressure Goals:

Systolic (top number)	**<140mm Hg**
Diastolic (bottom number)	**< 90mm Hg**

or as directed by your provider

BLOOD PRESSURE JOURNAL

(240) 215-6310

PATIENT NAME: _____ **DATE OF BIRTH:** _____

Check and record your blood pressure as directed by your provider*

Date	Time	BP	Pulse	Comments

- ✓ **Take your blood pressure medication as prescribed and at the same time each day**
- ✓ **Record your blood pressure daily after you've taken your BP medication**
- ✓ **If systolic reading (top number) is higher than 180 or the diastolic reading (bottom number) is higher than 110, seek immediate medical assistance.**
- ✓ **Bring this journal with you to ALL doctor appointments**