

# Blood Pressure Chart

|   |                 |                |                 |
|---|-----------------|----------------|-----------------|
| Patient's information                         |                 |                |                 |
| Full name:                                    |                 | Date of birth: |                 |
| Gender:                                       |                 | Patient ID:    |                 |
| Contact number:                               |                 | Email:         |                 |
| Patient's family and personal medical history |                 |                |                 |
|   |                 |                |                 |
| Patient's current lifestyle                   |                 |                |                 |
|   |                 |                |                 |
| Recommended patient parameters                |                 |                |                 |
| Blood pressure category                       | Systolic mm Hg  | and/or         | Diastolic mm Hg |
| Normal  | Less than 120   | and            | Less than 80    |
| Elevated                                      | 120-129         | and            | Less than 80    |
| Hypertension, stage 1                         | 130-139         | or             | 80-89           |
| Hypertension, stage 2                         | 140 or higher   | or             | 90 or higher    |
| Hypertensive crisis                           | Higher than 180 | and/or         | Higher than 120 |

| Patient's records                     |          |           |                |
|---------------------------------------|----------|-----------|----------------|
| Date and time                         | Systolic | Diastolic | Interpretation |
|                                       |          |           |                |
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| Physician's notes and recommendations |          |           |                |
|                                       |          |           |                |