

Blood Pressure Monitor Chart

Patient's Name: _____

Date of Birth: _____

Gender: _____

Medical Condition/Symptoms (if applicable): _____

Target Systolic Blood Pressure (if applicable): _____

Target Diastolic Blood Pressure (if applicable): _____

Date	Time (AM)	BPM	Time (PM)	BPM

Average AM BPM: _____

Average PM BPM: _____

Additional Notes:

Referring Physician's Name: _____

Blood Pressure Ranges

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80

ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120