

Teenage Blood Pressure Chart

Patient Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: _____

Patient ID: _____

Contact Number: _____

Email Address: _____

Medication use: _____

- family history of HBP
- BMI over 25
- Diabetes type 1 or 2

Recommended patient parameters

blood pressure category	systolic mm Hg	and/or	diastolic mm Hg
NORMAL	less than 120	and	less than 80
HYPERTENSION STAGE 1	130-139	or	80-89
HYPERTENSION STAGE 2	140 or higher	or	90 or higher

Patients Records:

Date/Time	Systolic	Diastolic	Interpretation

- Further testing required
- Suspected primary hypertension
- Suspected secondary hypertension

Physician's Notes and Recommendations

Physician's Signature: _____ **Date:** ____ / ____ / _____