

Women's Blood Pressure Chart

Patient Information

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Patient ID: _____
- Contact Number: _____
- Email Address: _____
- Gestation period: _____
- Midwife / Prenatal Care Contact: _____

- Currently taking or have previously taken contraceptives
- Experiencing perimenopause/menopause symptoms
- Family history of HBP
- Any cardiovascular concerns

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

Patients Records:

Date/Time	Systolic	Diastolic	Interpretation

Physician's Notes and Recommendations:

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