

Blood Pressure Log

Name: _____ DOB: _____

You may record your blood pressures (BP) on this sheet and check the box if you are at your goal number.

My Blood pressure goal is _____ (the systolic BP) over
_____ (the diastolic BP)

Date	Time	Systolic BP (top number)	At Goal? check here	Diastolic BP (bottom number)	At Goal? check here	Pulse

If **more than half** of your blood pressures are **not** at goal, please contact:

Dr. Avery Wood by calling (888) 421-6801
or mail this sheet to her at P.O. Box 726, North Bennington, VT 05257

Please bring this sheet to your next doctor’s visit - if you have not mailed it in.

-----*fold here*-----

FROM: _____

Avery Wood, MD
P.O. Box 726
North Bennington, VT 05257

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