Garner Internal Medicine Patient Home Monitoring Blood Pressure Record

Please document your blood pressures at least 2 weeks prior to your regularly scheduled appointment and bring with you for your chart.

Patient Name:

_____

DATE	TIME	**blood pressure reading**	TIME	**blood pressure reading**
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____
_____/_____/_____	_____**am**	_____/_____	_____**pm**	_____/_____