Oakland Macomb Obstetrics & Gynecology

248-997-5805

BLOOD PRESSURE LOG Call if greater than 150/100 or less than 95/60

		Medic	cations/Dose		
	N				
	×				
ME:					

DATE	TIME	BLOOD F	BLOOD PRESSURE		BLOOD F	BLOOD PRESSURE		
	AM	SYSTOLIC	DIASTOLIC	PM	SYSTOLIC	DIASTOLIC		
	AM	(Upper Number)	(Lower Number)		(Upper Number)	(Lower Number		
	 							
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	-							
				Maria Maria				
			_	Baranasa ng				



Name:	DOB:		
Check glucose if feeling light-headed	d or dizzy. If < (less than) 70, have a snack.		
	and inform your doctor.		
Also notify your doctor if	glucose is > (greater than) 200.		
Goal: Fasting < (less than) or = 90.	2hr after meal < (less than) or = 120		

Name:

Date	Fasting	2hr AFTER Breakfast	2hr AFTER Lunch	2hr AFTER Dinner
		2		
				20
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				2
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