# SIDDHARTH SERVICES, INC

*In pursuit of overall well being*

**BLOOD PRESSURE LOG FOR**_____ **SIDDHARTH SERVICES - CONFIDENTIAL**

**GUARDIAN:**_____ **PHONE:** _____ **ALLERGIES:** _____

**INSTRUCTIONS:** Document the blood pressure and **call PCP & Nurse Trainer if BP is 140 or higher/90 or higher.**

**MONTH:**_____ **YEAR:**_____

| TIME | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| normal systolic (the top number) is below 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| normal diastolic (the bottom number) is lower than 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Comment: _____

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**MONTH:**_____ **YEAR:**_____

| TIME | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Comment: _____

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Comment: _____

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Siddharth Services, Inc.