

# 7 Day Recording Sheet Self-Measured Blood Pressure Monitoring

Name \_\_\_\_\_

Date \_\_\_\_\_

## Day 1

MORNING ☀

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

EVENING 🌙

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

## Day 2

MORNING ☀

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

EVENING 🌙

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

## Day 3

MORNING ☀

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

EVENING 🌙

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

## Day 4

MORNING ☀

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

EVENING 🌙

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

## Day 5

MORNING ☀

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

EVENING 🌙

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

## Day 6

MORNING ☀

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

EVENING 🌙

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

## Day 7

MORNING ☀

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

EVENING 🌙

1	SYS	DIA
PULSE		

2	SYS	DIA
PULSE		

NOTES

### PRACTICE ADDRESS

\_\_\_\_\_

### PHONE

\_\_\_\_\_

### EMAIL

\_\_\_\_\_

### PATIENT PORTAL

\_\_\_\_\_

### NEXT APPOINTMENT DATE & TIME

\_\_\_\_\_

**Diagnostic SMBP**, measure for 7 consecutive days

**Confirmed hypertension**, measure for 7 consecutive days prior to next office visit

### Report Back Results By

- Phone
- Patient portal
- Bring back device or written log
- Other

### If your blood pressure measurement is:

#### MORE THAN

SYS	DIA
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**Your blood pressure is high.**

Recheck in 5 minutes. If it remains in this range, call your physician immediately.

#### BETWEEN

SYS	DIA	&	SYS	DIA
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**This is the desired range for your blood pressure.**

Please continue to monitor your blood pressure as you have been instructed by your care team.

#### LESS THAN

SYS	DIA
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**Your blood pressure is low.**

Recheck in 5 minutes. If it remains in this range, call your physician immediately.

**INSTRUCTIONS:** If at any time you feel light headed or have a headache, check your blood pressure and call the office immediately.

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