AULTMAN
FAMILY MEDICINE

BLOOD PRESSURE TRACKER FOR PATIENTS WITH CONGESTIVE HEART FAILURE

Your Doctor: _____

Telephone Number: _____

Blood Pressure (BP) Goal: Less than 140/90

- Check your blood pressure at the same time each day.
- Record the date, time, and your readings below
- Share this log with your doctors at each appointment.

WEEK ONE

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	

WEEK TWO

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	

WEEK THREE

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	

WEEK FOUR

DATE	TIME	READING (example: 140/80)	WEIGHT
		/	
		/	
		/	
		/	
		/	
		/	