

BLOOD PRESSURE MONITORING PROGRAM

Pharmacy Name

Scheduled Measurements

Try to take these measurements as close to the same time each day for two days. If you miss a reading, take it as soon as you remember unless it is within one hour of your next reading. If it is within one hour of your next reading, skip the missed reading.

DATE	TIME	SYSTOLIC	DIASTOLIC	PULSE	NOTES(stress, anxiety, physical activity, dizziness, nausea, etc)

Other Measurements

Take these measurements whenever you feel stressed, angry, dizzy, or nauseous. Document next to the reading why you took the reading (nausea, anxiety, etc). If you feel it might be important, write a brief note about when you last exercised, ate or slept.

DATE	TIME	SYSTOLIC	DIASTOLIC	PULSE	NOTES(stress, anxiety, physical activity, dizziness, nausea, etc)

Medication Schedule

Document when BLOOD PRESSURE MEDICATIONS were administered in the table below.

DATE	TIME	DRUG	DOSE (MG, etc)

RETURN THIS COMPLETED FORM TO PHARMACY NAME. A REPORT WILL BE FORWARDED TO YOUR DOCTOR.

DR. NAME
ADDRESS
DATE

DR. NAME,

ATTACHED ARE THE AMBULATORY BLOOD PRESSURE MONITORING RESULTS FOR YOUR PATIENT, X.

MR. X, **AVERAGE BLOOD PRESSURE WAS 127/71 WITH AN AVERAGE PULSE OF 69.** HIS SYSTOLIC BLOOD PRESSURE RANGED FROM 132 TO 186. HIS DIASTOLIC BLOOD PRESSURE RANGED FROM 71 TO 94. HIS PULSE RANGED FROM 61 TO 107.

THANK YOU FOR THE REFERRAL TO OUR PROGRAM.

SINCERELY,

PHARMACIST NAME