IS MY BLOOD PRESSURE AT GOAL

RECORD YOUR BLOOD PRESSURE_____ TIMES A WEEK.
MARK DOWN WHEN YOUR SBP IS HIGHER OR LOWER THAN 140

Date	Time	SBP	Pulse	Bp 140 or lower	BP higher than 140
Your Name_____Totals					
				if this # is **HIGHER** You are at **Your BP Goal**	If this # is **HIGHER,** You are **NOT at Goal**

If your Bp is not at goal,
Contact Marcia Alger or Kathy Calkin at
515-643-8155 or 515-643-8126
Bring this sheet to your next Doctor's visit

Mercy North Family Practice