



## My Blood Pressure Record

Date	Blood pressure reading (measured at home)		Other information **	Blood pressure reading (if measured at a doctor's office)
	Morning (before taking medications )	Evening		
				Date:
				Reading:
				Dr.
				Date:
				Reading:
				Dr.
				Date:
				Reading:
				Dr.
				Date:
				Reading:
				Dr.
				Date:
				Reading:
				Dr.

**\*\*Other information:** Dizziness, light-headedness, and a change in blood pressure medications or water medications. A medication change is a new medication, a new dosage of a current medication, or discontinuation of a medication.