

Alternative Health Center

Dr. David Francis Fair

Chiropractic Physician

865-584-8444

BLOOD PRESSURE CHART

NAME: _____ **YEAR:** _____

N.B. Note time since activities to the closest 15 minutes, so 30 would mean 30 minutes ago, 45 = 45 minutes ago. Try to take your blood pressure at least three times a day. See example. Should the bottom number go above 95, be sure to call the office.

DATE	RESULTS			HOW LONG SINCE THESE ACTIVITIES:						COMMENTS OR HOW WERE YOU FEELING?
Mo/Date/Time	BP	Pulse	O ²	Meal	Shwr	Meds	Exer	Rest	Other	
1/29-9:00A	189/99	87	93	30	45	30	n/a	n/a	n/a	Tired, slightly lightheaded

Doctor Comments: _____

