



NORTHSHORE
FAMILY MEDICAL CENTER

Blood Pressure Diary

Name: _____ Date of Birth: _____

Target Blood Pressure: _____

Current Blood Pressure Medication: _____

Date	Time (AM)	Blood Pressure	Time (PM)	Blood Pressure	Comments

Please bring to your visits
or
Fax to 888-865-7591
Scan and email to northshore@northshorefamily.net