CITY OF OAKS WELLNESS

Galatians
Community Health

1004 Dresser Ct, Ste 102
Raleigh, NC 27609

Blood Pressure Log

Date:____/____/____Patient Name:_____Chart#:_____

YOUR TARGET BLOOD PRESSURE = _____ / _____
(su presión arterial objetivo)

DATE	TIME (AM)	Blood Pressure	Pulse Rate	TIME (PM)	Blood Pressure	Pulse Rate	Comments
Fecha	*Hora AM*	*Presión arterial*	*La frecuencia del pulso*	*Hora PM*	*Presión arterial*	*La frecuencia del pulso*	*Comentarios*
1-31-21	***8:37am***	***130/90***	***84***	***6:15pm***	***120/80***	***80***	***Stressful morning (Mañana estresante)***