CENTRAL HEALTH

TRACKING YOUR NUMBERS

Use this worksheet to track your blood pressure numbers each time you visit the doctor or clinic.

It usually takes more than one reading to know if you have high blood pressure. If your blood pressure has been high, your doctor may want to see you more often. Lowering your blood pressure is important to protect your heart and kidneys.



MY TARGET BLOOD PRESSURE

_____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____

Date: _____ **Blood Pressure** _____ / _____