



BLOOD PRESSURE TRACKER FOR PATIENTS WITH CONGESTIVE HEART FAILURE

Your Doctor: _____

Telephone Number: _____

Blood Pressure (BP) Goal : Less than 140/90

- Check your BP at the same time each day
- Record the date, time and your readings below
- Share this log with your doctors at each appointment

WEEK ONE

DATE	TIME	READING EXAMPLE 140/90	WEIGHT

WEEK TWO

DATE	TIME	READING EXAMPLE 140/90	WEIGHT

WEEK THREE

DATE	TIME	READING EXAMPLE 140/90	WEIGHT

WEEK FOUR

DATE	TIME	READING EXAMPLE 140/90	WEIGHT