

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

**\*\*Please send a log ONCE A WEEK for the next \_\_\_\_\_ weeks\*\***

**List of current Blood Pressure Medicines (Please do not list meds other than those for Blood Pressure)**  
**Include name of pills, dose and frequency.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Blood Pressures**

Date	Morning	Evening	Comments

**Physician Response**

**Date Notified** \_\_\_\_\_