



Citrin Cardiology, P.C.

Patient Name: _____

Date: _____

Blood Pressure Monitoring

Please fill out the calendar below with your blood pressure for each day.

Start Date: _____

Month / Year: _____

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Month / Year: _____

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Month / Year: _____

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Month/Year: _____

Sun	Mon	Tue	Wed	Thur	Fri	Sat

- Use same size cuff every time
- Check blood pressure at the same time every day
- Your blood pressure today _____