Your Blood Pressure Log

Record two readings each session. Note symptoms or unusual circumstances. Copy this blank log for repeated use. Additional copies are available in the Sacred Soil Wellness Patient Handouts section.

Date / time	Reading 1	Reading 2	Pulse	Notes
	___ / ___	___ / ___		
	___ / ___	___ / ___		
	___ / ___	___ / ___		
	___ / ___	___ / ___		
	___ / ___	___ / ___		
	___ / ___	___ / ___		
	___ / ___	___ / ___		
	___ / ___	___ / ___		

Patterns I notice

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