

# Medication & Blood Pressure Log

For a medication review. Two weeks of readings with a tick for the dose you actually took, so the two can be read side by side instead of guessed at.

Name \_\_\_\_\_  
 Start date \_\_\_\_\_  
 Prescriber \_\_\_\_\_  
 Review date \_\_\_\_\_

## Your medications this fortnight

1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_

**How to use it:** take the morning reading **before** your dose unless you were told otherwise · sit quietly 5 minutes first, feet flat, arm at heart height, no talking · tick the dose only if you actually took it, a missed day is useful information, not a failure · bring the whole sheet, not just the bad days.

| DAY | DATE | DOSE TAKEN |   |   |   | TIME | MORNING |       | EVENING |       | SIDE EFFECTS / NOTES |
|-----|------|------------|---|---|---|------|---------|-------|---------|-------|----------------------|
|     |      | TICK       | 1 | 2 | 3 | 4    | SYS/DIA | PULSE | SYS/DIA | PULSE |                      |
| 1   |      |            |   |   |   |      |         |       |         |       |                      |
| 2   |      |            |   |   |   |      |         |       |         |       |                      |
| 3   |      |            |   |   |   |      |         |       |         |       |                      |
| 4   |      |            |   |   |   |      |         |       |         |       |                      |
| 5   |      |            |   |   |   |      |         |       |         |       |                      |
| 6   |      |            |   |   |   |      |         |       |         |       |                      |
| 7   |      |            |   |   |   |      |         |       |         |       |                      |
| 8   |      |            |   |   |   |      |         |       |         |       |                      |
| 9   |      |            |   |   |   |      |         |       |         |       |                      |
| 10  |      |            |   |   |   |      |         |       |         |       |                      |
| 11  |      |            |   |   |   |      |         |       |         |       |                      |
| 12  |      |            |   |   |   |      |         |       |         |       |                      |
| 13  |      |            |   |   |   |      |         |       |         |       |                      |
| 14  |      |            |   |   |   |      |         |       |         |       |                      |

**Under 120 / 80**  
Normal

**120–129 / <80**  
Elevated

**130–139 / 80–89**  
High, stage 1

**140+ / 90+**  
High, stage 2

**Over 180 / 120**  
Seek care now



## Bring the averages, not just the pages.

The same log on your phone works out the morning and evening averages and prints the one page report to hand over. Scan the code, or type the address.

[cuffapp.com/blood-pressure-log](https://cuffapp.com/blood-pressure-log)

**This sheet is a record-keeping tool, not a medical device and not medical advice.** It does not diagnose or treat anything, and it is not a reason to start, stop or change a dose. Only your prescriber does that. Categories are published American Heart Association reference ranges shown for context. If a reading is very high, or you feel unwell, contact a clinician or emergency services immediately.