

High Risk Pregnancy

14 Day TWICE Daily Blood Pressure Log

Fill in dates, blood pressure values and treatment details.
Send in this log to us EVERY 7 DAYS via email to:
AHMG.CFL.HRP@AdventHealth.com or Fax 407-303-0897.
We will contact you within 2 business days with feedback on your values.
If you do not hear from us, we did not receive your form.

Patient Name:					
DOB:					

	Dates:	Morning (AM) Blood Pressure:	Afternoon (PM) Blood Pressure:	Comments:
		/	/	
		/	/	
Week		/	/	
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		/	/	
-		/	/	
=		/	/	
Blood pre	essure medication	name: Blood p	pressure medication dose:	How often do you take this medication?

Check here if you are not on medications for blood pressure.

Week 2	Dates:	Morning (AM) Blood Pressure:	Afternoon (PM) Blood Pressure:	Comments:
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
Blood pressure medication name:		name: Blood 1	pressure medication do	ose: How often do you take this medication?

Check here if you are not on medications for blood pressure

If you have a blood pressure of 155 or more on the top or 105 or more on the bottom: sit for 5-10 minutes and recheck your pressure. If you still have a value of 155 or more on the top or 105 or more on the bottom:

- If you are less than 24 weeks in your pregnancy: Contact your primary OB provider
- If you are at or more than 24 weeks in your pregnancy: Contact your primary OB provider or go to the hospital where you planning to deliver to be evaluated.
- Send this log to us more frequently if you have any concerns regarding your blood pressure or contact our office.

Instructions: Check your blood pressures with an upper arm cuff on your non-dominant arm (left arm for most people) while your arm rests on a table or the arm of a chair for support. Sit for 5 minutes before checking. Do not cross your legs or have a full bladder when checking your blood pressure.