

Blood Pressure and Medication Log

Patient: _____ Date: _____

Record each reading as systolic / diastolic (for example, 120 / 80). Write the actual time taken.

Medication and blood pressure record 1			
Before medication	Time: _____	BP: ____ / ____	Symptoms / problems: _____
Medication taken Name: _____ Dose: _____ Time taken: _____ AM / PM			
60–90 minutes after taking medication	Time: _____	BP: ____ / ____	Symptoms / problems: _____

Medication and blood pressure record 2			
Before medication	Time: _____	BP: ____ / ____	Symptoms / problems: _____
Medication taken Name: _____ Dose: _____ Time taken: _____ AM / PM			
60–90 minutes after taking medication	Time: _____	BP: ____ / ____	Symptoms / problems: _____

Medication and blood pressure record 3			
Before medication	Time: _____	BP: ____ / ____	Symptoms / problems: _____
Medication taken Name: _____ Dose: _____ Time taken: _____ AM / PM			
60–90 minutes after taking medication	Time: _____	BP: ____ / ____	Symptoms / problems: _____

Take medication only as prescribed. Share this completed log with your care team.