BLOOD PRESSURE DIARY

Name:			_				
Date of Birth:	/ Month	Date Year					
	(Remembe	Sit 3-5 minutes r to bring your home c		olood pressure rea office once a year for		acy check.)	
Medication(s)/	Dose:						_
							_
Date		Time		Blood Pressu	re	Pulse	

GLUCOSE (BLOOD SUGAR) DIARY

Name:			
Date of Birth:	/ Month	/ Date	Year
Medication(s)/	Dose:		

Date	Fasting AM	PM	2 Hour Post-Prandial	Other

HEALTH DIARY

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Blood Pressure	LDL Cholesterol	A1C
120/80 Desirable	LDL < 160 Borderline LDL < 130 Desirable LDL < 100 Goal for Diabetes and Heart Disease	< 6% Normal < 7% Goal Diabetes Therapy 78% Action Suggested
ВР	LDL Cholesterol	A1C