Date	Time	BP	Comment
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		/	
		/	
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		/	

Date	Time	BP	Comment
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UNIVERSITY OF OTTAWA
HEART INSTITUTE

INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

BLOOD PRESSURE RECORD

Name: _____

Phone: _____

Other phone: _____

HEA 172 (08/2009)

Blood Pressure Record

Date	Time	BP	Comment
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	

BP (Blood Pressure)
Comment (Location/with food/exercise)

Date	Time	BP	Comment
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	

Family Doctor: Dr: _____

Phone: (_____) _____ ext: _____

In case of emergency, please contact:

Name: _____

Phone: (_____) _____ ext: _____

Other number: _____

Allergy	Reaction

I have the following health conditions:

_____

_____