49 Weaver Road, Suite A **Blairsville, Georgia 30512**
Phone: 706-745-9417 **Fax: 706-439-6482**

Blood Pressure Record

Please use this form to record your blood pressure, and then bring the form with you to your office visits. Optimal blood pressure is less than 130/80.

Patient name _____

Date	**Time** (am/pm)	**Blood pressure**	**Arm used** (left/right)	**Weight**	**Symptoms**