

# Virginia Y. Gonzalez, M.D.

102 THOMAS ROAD - SUITE 118

WEST MONROE, LOUISIANA 71291

## BLOOD PRESSURE MONITORING

Patient: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Patient's Medicines	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP:							
Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP:							
Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP:							
Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP:							
Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP:							

Notes: BP & HR x 2 weeks

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

\*Please list all medications, dosages, and frequency just prior to turning in BP diary.