Ardmore Enterprises, Inc.

BLOOD PRESSURE RECORD

Name: _____

DATE	BP	INITIAL		DATE	BP	INITIAL		DATE	BP	INITIAL

All above initials must be identified below

INITIALS	Print full name		INITIALS	Print full name

See other side to document contacting nurse if blood pressure is over _____.

Call nurse, and document response when blood pressure is over _____.

DATE NURSE'S REPLY