

**High Risk Pregnancy** 

## **TWICE WEEKLY Blood Pressure Log**

Fill in dates, blood pressure values and treatment details. Send in this log to us EVERY 14 DAYS via email to: <u>AHMG.CFL.HRP@AdventHealth.com</u> or Fax 407-303-0897. We will contact you within 2 business days with feedback on your values.

If you do not hear from us, we did not receive your form.

Continue to use this form as indicated.

Dates:	Systolic Top Num	or ber	Diastolic or Lower number		Comments:
Blood pressure medication name: Blo		Bloo	ood pressure medication dose:		How often do you take this medication?

Check here if you are not on medications for blood pressure.

If you have a blood pressure of 155 or more on the top or 105 or more on the bottom: sit for 5-10 minutes and recheck your pressure. If you still have a value of 155 or more on the top or 105 or more on the bottom:

- If you are less than 24 weeks in your pregnancy: Contact your primary OB provider
- If you are at or more than 24 weeks in your pregnancy: Contact your primary OB provider or go to the hospital where you planning to deliver to be evaluated.
- Send this log to us more frequently if you have any concerns regarding your blood pressure or contact our office.

Instructions: Check your blood pressures with an upper arm cuff on your non-dominant arm (left arm for most people) while your arm rests on a table or the arm of a chair for support. Sit for 5 minutes before checking. Do not cross your legs or have a full bladder when checking your blood pressure.

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Patient Name:				
DOB:				