

Legacy Transplant Services
Legacy Good Samaritan Medical Center
1130 NW 22nd Avenue, Suite 400
Portland, OR 97210
PHONE (503) 413-6555
FAX (503) 415-8402

Blood Pressure Screening Record for _____
 (Your name)

Date of Birth _____

Blood Pressure (BP) readings should be done with a blood pressure cuff that fits your arm well. A blood pressure cuff that is too large or too small will give an inaccurate result. The BP readings can be obtained from a recent visit to a medical office (within the last year). They can also be done at your local fire station, or on an automatic cuff at the local pharmacy/drug store/grocery store.

Please take the blood pressure readings at different times of the day over a couple of days. (ie: morning, afternoon, evening)

3 Blood Pressures

Location of the test: _____
 (ie: at a store, pharmacy, medical clinic, fire station, home)

Please note the type of cuff: _____
 (ie: upper arm automatic cuff, wrist cuff, or manual cuff)

Example:
Jan. 2, 11:00 am left or right sitting BP = 136/78 pulse (heart rate) 76

| <i>Date & time</i> | <i>Circle</i> | | | |
|------------------------|----------------|---------|-----------|-------------|
| _____ | left or right: | sitting | ____/____ | Pulse _____ |
| _____ | left or right: | sitting | ____/____ | Pulse _____ |
| _____ | left or right: | sitting | ____/____ | Pulse _____ |