



Blood Pressure Tracking Card

Call **311** or visit
nyc.gov/health.

NYC
Health

My Blood Pressure Goal is

____ / ____

I will check my
blood pressure every:

- day in the a.m.
 week p.m.

High blood pressure can be dangerous for both you and your baby. Contact your health care provider immediately if your blood pressure is above

____ / ____.

Use this chart to keep track of your blood pressure throughout your pregnancy and after you give birth. Talk with your health care provider about how often to take your blood pressure.

| Date | Blood Pressure |
|------------------------------|----------------|------------------------------|----------------|------------------------------|----------------|------------------------------|----------------|------------------------------|----------------|------------------------------|----------------|
| ___/___/___
● a.m. ● p.m. | / |
| ___/___/___
● a.m. ● p.m. | / |
| ___/___/___
● a.m. ● p.m. | / |
| ___/___/___
● a.m. ● p.m. | / |
| ___/___/___
● a.m. ● p.m. | / |
| ___/___/___
● a.m. ● p.m. | / |

Use your own blood pressure monitor or check your local pharmacy. To find a pharmacy near you that offers free blood pressure checks, visit [nyc.gov/health/map](https://www.nyc.gov/health/map). If you need help, ask pharmacy staff.

My Action Plan



Special Instructions

When my blood pressure is above
___ / ___, I should

When my blood pressure is below
___ / ___, I should

Personal Information

Name:

Due date (if applicable):

Health Care Provider:

Health Care Provider Phone Number:

Blood Pressure Medications:

Keep track of your medications. If your health care provider changes a medication and/or dose, update this section.

For more information, talk with your provider or call **311**.