TUCSON FAMILY CARE
"CARING FOR YOUR ENTIRE FAMILY"

Call if BP
> _____/_____
OR
< _____/_____
Goal: 120-130/70-80
HR:60-100

Phone: 520-818-8477 Fax: 520-333-3132
Or send through Patient Portal

Name _____Date of Birth _____

Medications:_____

Date	Blood Pressure	Heart Rate

Date	Blood Pressure	Heart Rate