



Ludwig V. Cavaliere, M.D. * Azmi A. Kabbani, M.D., F.A.C.P., F.A.S.N.
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Blood Pressure Log & Instructions

Patient Name: _____ D.O.B: _____

Primary Nephrologist:

- Dr. Ludwig Cavaliere
 Dr. Azmi Kabbani
 Dr. Thet Zaw
 Dr. Swathi Singanamala
 Adam Rhoades, PA-C

Directions:

For the next fourteen (14) days, we are requesting that you measure and record the following:

- Please measure your Blood Pressure twice (2) a day, measure both in the standing & sitting position:
 1. One time in the morning-
 2. One time in the evening
- Record your Pulse/Heart rate twice (2) a day, measure both in the standing & sitting position
- Record your Fluid Input/Output twice (2) a day, measure both in the standing & sitting position (only if directed)
- Please make any notes or comments on the last page, sign, and return to our office upon completion.

DAY ONE	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY TWO	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY THREE	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY FOUR	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY FIVE	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY SIX	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY SEVEN	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY EIGHT	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY NINE	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY TEN	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY ELEVEN	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY TWELVE	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____	_____ cc
		____:____	pm	Standing	____/____	_____	_____ cc

DAY THIRTEEN	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____ cc	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____ cc	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____ cc	_____ cc
		____:____	pm	Standing	____/____	_____ cc	_____ cc

DAY FOURTEEN	Date: _____	Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	Weight: _____ lb	____:____	am	Sitting	____/____	_____ cc	_____ cc
	<u>Morning</u> =	____:____	am	Standing	____/____	_____ cc	_____ cc
		Time	Position	Sys-BP / Dia-BP	Pulse	Fluid Input	Fluid Output
	<u>Afternoon</u> =	____:____	pm	Sitting	____/____	_____ cc	_____ cc
		____:____	pm	Standing	____/____	_____ cc	_____ cc

Patient Notes/Comments:

To the best of my knowledge, the above information is complete and accurate. I understand that it is my responsibility to inform my physician if I ever have a change in my health status.

Signature of Beneficiary /Authorized Representative

Date

Patient Signature/Authorized Patient Representative

Relationship to Beneficiary