

NAME/SSN: \_\_\_\_\_

ANDREW RADER USA HEALTH CLINIC  
PRIMARY CARE CLINIC

Dr \_\_\_\_\_ has requested that your blood pressure be checked \_\_\_\_\_ times per day/weeks before returning for a follow-up appointment.

HOURS:

MON, TUE, THUR, AND FRI: 0800-1130 AND 1300-1400  
WED: 0800-1130 only

Please check in at the front desk where you will be asked to be seated for at least 15 minutes. Please understand that the clinic has scheduled patients and on occasions you may have to wait longer. Please remember to bring this sheet with you each time to the clinic for documentation of your blood pressure. You can also do your blood pressure checks at home if you have the proper equipment; just verify this with your provider. Just be sure to sit down for at least 15 minutes prior to checking your blood pressure. Remember to document your results and please bring sheet back with you for your next PCM appointment.

DATE	TIME	BLOOD PRESSURE	PULSE	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				