

Low Blood Pressure Chart

Patient Information

- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: _____
- Patient ID: _____
- Contact Number: _____
- Email Address: _____
- Medication use: _____

Recommended patient parameters

Blood pressure category	Systolic mm Hg	and/or	Diastolic mm Hg
Low	less than 90	and/or	less than 60
NORMAL	less than 120	and	less than 80
ELEVATED	120-129	and	less than 80
HYPERTENSION STAGE 1	130-139	or	80-89
HYPERTENSION STAGE 2	140 or higher	or	90 or higher
HYPERTENSIVE CRISIS	higher than 180	and/or	higher than 120

Patients Records:

Date/Time	Systolic	Diastolic	Interpretation

- Further testing required
- Suspected hypotension
- Suspected postural or orthostatic hypotension (patient experiences low BP after changing positions)
- Suspected postprandial hypotension (patient experiences low BP after a meal)

Physician's Notes and Recommendations

Physician's Signature: _____ Date: ____ / ____ / _____