Whidbey Island Internal Medicine

Blood Pressure Log

Patient Name: _____Birthdate: _____Phone: _____

Provider: _____ Lee W. Roof, MD _____Ellen Jacus, PA-C _____ Heather Good, PA-C

Date	Time	Blood Pressure Reading	Heart Rate	Special Circumstance (if any)

Mail record to: Whidbey Island Internal Medicine POB 746 Coupeville, WA 98239
or fax to: 360-678-9244.

Thank you.