### horizontal line**Orthostatic Blood Pressure Log**

#### **Personal Information**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Doctor’s Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reason for Testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Instructions for Use:**

1. Measure blood pressure in three positions: lying down, sitting, and standing.
2. Record measurements immediately after position changes.
3. Rest for 2-3 minutes between each position to stabilize readings.
4. Log symptoms like dizziness, fainting, or nausea.

| **Date** | **Time** | **Position** | **Systolic (mmHg)** | **Diastolic (mmHg)** | **Pulse (BPM)** | **Symptoms/Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| YYYY-MM-DD | HH:MM | Lying Down |  |  |  |  |
| YYYY-MM-DD | HH:MM | Sitting |  |  |  |  |
| YYYY-MM-DD | HH:MM | Standing |  |  |  |  |

**Summary Table for Positional Changes**

| **Date** | **Change (Lying → Standing)** | **Systolic Drop (mmHg)** | **Diastolic Drop (mmHg)** | **Symptoms Experienced** |
| --- | --- | --- | --- | --- |
| YYYY-MM-DD |  |  |  |  |