



Blood Pressure Record Form

Donor Name: _____ DOB: _____

Recipient Name: _____

Complete 2 blood pressure readings per day over 5 days for a total of 10 readings. Each day your blood pressure should be taken at a different time (morning, afternoon, evening, etc.), and the 2 recordings for that day should happen 15 minutes apart.

Send your completed forms by fax or mail to the Living Donor Coordinator.

Fax: (318) 212-4552

Mail: WK John C. McDonald Regional Transplant Center
Attn: Ashley Entwistle, RN
2751 Albert Bicknell Drive, Suite 4A
Shreveport, Louisiana 71103

	<u>DATE</u>	<u>FACILITY NAME</u>	<u>TIME</u>	<u>BLOOD PRESSURE</u> (taken 15 minutes apart)	<u>PULSE</u>
1.	_____	_____	1 st . _____ 2 nd . _____	1 st . _____ / _____ 2 nd . _____ / _____	1 st . _____ 2 nd . _____
2.	_____	_____	1 st . _____ 2 nd . _____	1 st . _____ / _____ 2 nd . _____ / _____	1 st . _____ 2 nd . _____
3.	_____	_____	1 st . _____ 2 nd . _____	1 st . _____ / _____ 2 nd . _____ / _____	1 st . _____ 2 nd . _____
4.	_____	_____	1 st . _____ 2 nd . _____	1 st . _____ / _____ 2 nd . _____ / _____	1 st . _____ 2 nd . _____
5.	_____	_____	1 st . _____ 2 nd . _____	1 st . _____ / _____ 2 nd . _____ / _____	1 st . _____ 2 nd . _____