

# ORTHOSTATIC HY TENSION BP CHECK

DATE/ TIME	BP	INITIAL	COMMENTS		DATE/ TIME	BP	INITIAL	COMMENTS		DATE/ TIME	BP	INITIAL	COMMENTS
	LIE					LIE					LIE		
	SIT					SIT					SIT		
	STAND					STAND					STAND		
	LIE					LIE					LIE		
	SIT					SIT					SIT		
	STAND					STAND					STAND		
	LIE					LIE					LIE		
	SIT					SIT					SIT		
	STAND					STAND					STAND		
	LIE					LIE					LIE		
	SIT					SIT					SIT		
	STAND					STAND					STAND		

RESIDENT NAME: \_\_\_\_\_ MR# \_\_\_\_\_ RM# \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_