Lafourche Parish Sheriff's Office

Work Release Center Division

Blood Pressure Monitoring Chart

Patient: _____ DOC#: _____ Order Date: _____

Race: _____ Sex: _____ Age: _____ DOB: _____ Dorm: _____

Initials	Date	Time	Systolic	Diastolic	Staff Initials

LPSO 1255-O-5/06