Dr. Alessandro Boi
MEDICO DELLO SPORT

# DIARIO PRESSORIO

**Paziente**_____ **Anni** _____

**Data: ___ /___ /_____ (1° giorno)**

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

**Data: ___ /___ /_____ (2° giorno)**

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

**Data: ___ /___ /_____ (3° giorno)**

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

**Data: ___ /___ /_____ (4° giorno)**

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

**Data: ___ /___ /_____ (5° giorno)**

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

**Data: ___ /___ /_____ (6° giorno)**

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%

H: ____:____ PA: _____/_____mmHg FC: _____bpm SpaO2: _____%