

Blood Pressure Home Monitoring

To be completed by the doctor

First name:		Date of birth:	
Surname:		NHS Number:	
Home Telephone:		Mobile Telephone:	
Email:			
Referring doctor:			
Referral date:		Hypertension:	

To be completed by the nurse

Date seen:	
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To be completed by the patient

Blood pressure measurements should be done;

- *In a relaxed setting, whilst you are sitting quietly, with your arm outstretched and supported*
- *Take 2 blood pressure readings, at least 2 minutes apart*
- *Record only the lower of the 2 readings, e.g. 90/60 if the 2 readings were 100/70 and 90/60*

Blood Pressure Readings		
Day	Morning	Evening
1	_____ / _____	_____ / _____
2	_____ / _____	_____ / _____
3	_____ / _____	_____ / _____
4	_____ / _____	_____ / _____
5	_____ / _____	_____ / _____
6	_____ / _____	_____ / _____
7	_____ / _____	_____ / _____

*Please return the blood pressure monitor and this form to a member of the reception team.
Thank you.*

