

## **BLOOD PRESSURE HOME MONITORING RECORD**

| Your Name          |  |
|--------------------|--|
| Your Date of Birth |  |
| Your Address       |  |
| Date               |  |

Record your blood pressure twice in the morning and twice in the evening. Sit quietly for 5 minutes before each reading. Write results in the boxes: Systolic is the highest number – Diastolic is the lower of the two. Whenever possible return the completed form to the practice a week prior to your appointment or if not enough time, please bring this form with you to the clinic. Please read our leaflet: "Home blood Pressure monitoring", also available on our website

| Day | Time  | Reading 1             |                        | Reading 2             |                        | Heart Rate            |
|-----|-------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
|     |       | Systolic<br>(upper #) | Diastolic<br>(lower #) | Systolic<br>(upper #) | Diastolic<br>(lower #) | (pulse per<br>minute) |
| 1   | am    |                       |                        |                       |                        |                       |
|     | pm    |                       |                        |                       |                        |                       |
| 2   | am    |                       |                        |                       |                        |                       |
|     | pm    |                       |                        |                       |                        |                       |
| 3   | am    |                       |                        |                       |                        |                       |
|     | pm    |                       |                        |                       |                        |                       |
| 4   | am    |                       |                        |                       |                        |                       |
|     | pm    |                       |                        |                       |                        |                       |
| 5   | am    |                       |                        |                       |                        |                       |
| -   | pm    |                       |                        |                       |                        |                       |
| 6   | am    |                       |                        |                       |                        |                       |
| -   | pm    |                       |                        |                       |                        |                       |
| 7   | am    |                       |                        |                       |                        |                       |
|     | pm    |                       |                        |                       |                        |                       |
| 8   | am    |                       |                        |                       |                        |                       |
| -   | pm    |                       |                        |                       |                        |                       |
|     | Total |                       |                        |                       |                        |                       |

Average Reading Systolic = Diastolic =

Please calculate your average BP reading.

To calculate your average BP reading; add up all your systolic readings from both columns and then divide the total by the number of readings taken. This is your average systolic BP. Do the same with the diastolic readings and enter the totals in the boxes above.