BLOOD PRESSURE HOME MONITORING RECORD

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (completed by staff on receipt)

*Tips!*

* *Record your blood pressure twice in the morning and twice in the evening*
* *Sit quietly for 5 minutes before each pair of readings*
* *Leave at least one minute between each measurement. Write both results in the boxes.*
* *Systolic (syst) is the higher number – Diastolic (diastol) is the lower of the two*
* *Whenever possible, return the completed form to the Practice a week prior to your appointment*
* *If you haven’t got time, bring it along to the appointment.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Morning Readings** | | | |  |  | **Evening Readings** | | | |
| Day | Date | Reading One  syst diastol | | Reading Two  syst diastol | | Day | Date | Reading One  syst diastol | | Reading Two  syst diastol | |
| 1 |  |  |  |  |  | 10 |  |  |  |  |  |
| 2 |  |  |  |  |  | 11 |  |  |  |  |  |
| 3 |  |  |  |  |  | 12 |  |  |  |  |  |
| 4 |  |  |  |  |  | 13 |  |  |  |  |  |
| 5 |  |  |  |  |  | 14 |  |  |  |  |  |
| 6 |  |  |  |  |  | 15 |  |  |  |  |  |
| 7 |  |  |  |  |  | 16 |  |  |  |  |  |
| 8 |  |  |  |  |  | 17 |  |  |  |  |  |
| 9 |  |  |  |  |  | 18 |  |  |  |  |  |

*On completion return to: Surgery Reception – scan to VC for processing*