**Summercroft Surgery Home Blood Pressure Reading Chart**

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| Name: |  | Date of Birth: |  |

Please record 2 seated consecutive readings at least 1 minute apart twice daily, ideally in the morning and in the evening, for 1 week. Record both readings on the chart.

Please discard the readings taken on the first day and work out the average of the rest.

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| **Date** | **Time** | **BP** | **Pulse** |  | **Date** | **Time** | **BP** | **Pulse** |
| **Sys.** | **Dia.** |  | **Sys.** | **Dia.** |
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| **Average** |  |  |  |  | **Average** |  |  |  |