**Kingstone surgery Blood pressure recording form**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Date starting blood pressure readings**  |  |
| **Are you happy to receive a text message reply?** |  |

Your target blood pressure is : ……../……..

* Please do blood pressure readings every morning and evening for 7 days
* Sit down and rest for 10 minutes before taking your initial blood pressure reading and stay seated for all further readings.
* Each time you do your blood pressure you may need to take up to three readings:
	+ If first readings is above your target (above), then do a second reading
	+ If second reading is very different from the first, then do a third reading
	+ Then record the best (lowest) reading from the last two readings.
* Once you have finished the monitoring, please calculate an average blood pressure reading (if you are happy to do so) and then hand it into the surgery

If your blood pressure is above the target then book a telephone follow-up appointment with **Safen Maruf** (clinical pharmacist) or **GP …………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Time of day** | **Systolic (higher reading)** | **Diastolic** **(lower reading)** | **Pulse** |
| **1 (exclude from average)** | Morning |  |  |  |
| Evening |  |  |  |
| **2** | Morning |  |  |  |
| Evening |  |  |  |
| **3** | Morning |  |  |  |
| Evening |  |  |  |
| **4** | Morning |  |  |  |
| Evening |  |  |  |
| **5** | Morning |  |  |  |
| Evening |  |  |  |
| **6** | Morning |  |  |  |
| Evening |  |  |  |
| **7** | Morning |  |  |  |
| Evening |  |  |  |
| **8** | Morning |  |  |  |
| Evening |  |  |  |
| **Calculated Average****(excluding day 1)**  |  |  |  |