B/P Home Monitoring Readings

……………………………………….

Machine Number (recpt to complete)

DATE GIVEN OUT (recpt to complete)

**Name: ……………………………………….…**

**Address: …………………………………………………………………………………………………………………**

**……………………………………………… Contact Number......................................................**

**Date Of Birth……………….....……….......** **GP: ……………………………….………………….…**

|  |  |
| --- | --- |
| SMOKING  STATUS | Current Smoker (please record daily amount smoked and what smoked) |
| Ex-smoker (please record date stopped) |
| Never smoked |

**TICK HERE IF YOU ARE DIABETIC**

Refer to instructions listed overleaf on taking blood pressure readings and record below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **Morning 1st BP** | **Morning 2nd BP** | **Evening 1st BP** | **Evening 2nd BP** |
| Day 1 |  |  |  |  |
| Day 2 |  |  |  |  |
| Day 3 |  |  |  |  |
| Day 4 |  |  |  |  |
| Day 5 |  |  |  |  |

***PATIENT TO FULLY COMPLETE GREY AREA IN BLACK PEN WITH THEIR DETAILS AND***

***READINGS TO ENSURE THE INFORMATION IS LINKED TO THEIR NOTES***

**Please return this machine to the surgery as soon as you have completed your readings. We have limited machines for loan and often have a long waiting list. If a machine is not returned within a reasonable period of time, you will be contacted and a charge may be made for its replacement.**

**All Blood Pressure machines must be signed for by the receptionist, when being loaned and returned. Therefore, when returning this unit, please be sure to hand it over to the receptionist at the frontdesk with your completed paperwork.**

**Failure to do so may result in the loss of the unit and a charge being made.**

PMP Use Only:

|  |  |
| --- | --- |
| Average (day 2-5) |  |
| Calculated by |  |
| Date |  |

**Blood Pressure Home Monitoring**

Instructions:

To enable us to analyse your blood pressure accurately please:

* **Sit quietly without talking and without distractions for 10 minutes**
* **During that time take your blood pressure twice at least 1 minute apart**
* **Perform this morning and evening for 5 days running – total of 20 readings**
* **Record the readings on the back of this letter in the spaces provided**

Then return the blood pressure machine and this sheet to the reception.

Once returned, your GP or the clinical pharmacist will assess your readings and contact you with any concerns or queries.

**IMPORTANT**

**If you have a diagnosis of high blood pressure it is important that your blood pressure is measured every 6 months either by our nurses or with a home BP machine.**

Lifestyle advice to reduce the risk of heart disease:

* Stop smoking if you are a smoker
* Drink no more than: 14 units of alcohol per week if you are a man

14 units of alcohol per week if you are a woman

* Take physical activity such as walking, cycling or swimming for 30 minutes each day
* Eat a healthy diet by:
  + Eating at least 5 portions of fruit or vegetables per day
  + Reducing fat, sugar and salt in your food
  + Increasing fibre in your food

If you would like more advice please ask the receptionist for a booklet or talk to your nurse/doctor.