

**NORTH BERWICK HEALTH CENTRE
BLOOD PRESSURE MONITORING**

PATIENT NAME:-

DATE OF BIRTH:-

BLOOD PRESSURE READINGS:-

DAY/DATE	BP		BP	
	MORNING	READINGS	EVENING	READINGS
	1 st Reading		1 st Reading	
	2 nd Reading		2 nd Reading	
	1 st Reading		1 st Reading	
	2 nd Reading		2 nd Reading	
	1 st Reading		1 st Reading	
	2 nd Reading		2 nd Reading	
	1 st Reading		1 st Reading	
	2 nd Reading		2 nd Reading	
	1 st Reading		1 st Reading	
	2 nd Reading		2 nd Reading	
	1 st Reading		1 st Reading	
	2 nd Reading		2 nd Reading	
	1 st Reading		1 st Reading	
	2 nd Reading		2 nd Reading	

AVERAGE BLOOD PRESSURE READING: -

DATE