

Home blood pressure monitoring record

Please record your blood pressure twice in the morning (one minute apart) and twice in the afternoon (one minute apart) each day for 5 days, then return the completed form to us or email it to: st.pauls.medicalcentre@nhs.net

Name: _____

Date of birth: _____

Date		1 st Reading		2 nd Reading	
		Systolic (first number)	Diastolic (second number)	Systolic (first number)	Diastolic (second number)
	am				
	pm				
	am				
	pm				
	am				
	pm				
	am				
	pm				
	am				
	pm				

FOR SURGERY USE ONLY

Form issued: _____

Form returned: _____

Mean BP: _____/_____

Comment: _____