

PATIENT NAME

DOB.....

Home telephone number

DOCTOR.....

BP MONITOR READINGS - PLEASE TOTAL YOUR COLUMNS

- Write down your blood pressure readings from day 2 and ensure you are using the correct size cuff
- Sit upright, feet flat on the floor with your arm resting on the table of arm of the chair
 - Take 3 readings, 1 minute apart, and write the lowest of the three readings
 - Try to record your blood pressure for 7 consecutive days, morning and evening
- Please total the columns and divide by the number of readings, then return the form to the surgery

DATE		BP reading Lowest of 3 each time		PULSE
		Systolic	Diastolic	
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
Total of columns: Patient Note: Divide the total of each column by the number of readings to give the average reading				