

First Name		Surname		DOB	
Home/Mobile Telephone Number					

BP MONITOR READINGS
Please total your columns.

DATE		BP READING		PULSE
		Best of 3 every time		
		Systolic	Diastolic	
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
Total of columns:				
Patient Note: Please divide the total of columns by number of readings given to give the average reading				