

Patient name: Date of birth:

**Home Blood Pressure Monitoring**

Record your blood pressure twice daily when you are seated, once in the morning and once in the evening for between 4 and 7 days. Each time take two consecutive recordings, taken one minute apart, and mark down the second recording only

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Systolic (top number) | Diastolic (bottom number) |
|  | ampm |  |  |
|  | ampm |  |  |
|  | ampm |  |  |
|  | ampm |  |  |
|  | ampm |  |  |
|  | ampm |  |  |
|  | ampm |  |  |

**AVERAGE BLOOD PRESSURE =**

**(We will calculate this at the surgery)**

For more information on blood pressure please go to [www.bloodpressureuk.org](http://www.bloodpressureuk.org)