Patient Name……………………………………………………………………………………………..

Date of Birth………………………………………………………………………………………………

Address………………………………………………………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Pulse** | **Morning** | **Evening** | **Daily Average\*** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
|  |  |  |

**Instructions**

Each time take 2 readings (at least 2 mins apart) and document the 2nd result in the chart and always use the same arm.

1. Place the cuff around your upper arm about 1 inch above crease of arm
2. Keep arm straight and elevated to heart level
3. Sit straight with feet apart
4. Stay quiet and calm

\*To calculate the **daily average**, add up the top numbers and divide by 2 then add up the bottom numbers and divide by 2. Do not calculate Day 1.

**PLEASE RETURN THIS FORM TO RECEPTION**

**NEWLY DIAGNOSED HTN RETURN TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXISTING HTN RETURN TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**