

Home Blood Pressure Monitoring Form

If you suffer with high blood pressure / hypertension or have a condition that recommends regular blood pressure monitoring, we are aware that attending the surgery to have your blood pressure checked can be time consuming, and can lead to inaccurate readings as some patients get nervous about it! Recent evidence has shown that measuring blood pressure at home is safe, effective and gives more consistent readings than in a clinical environment. Over the last few years home blood pressure monitors have also become cheaper and more reliable. We can also loan you a machine from the surgery, but there is often a waiting list for this so please be aware.

If you have your own machine we would ideally like you to monitor your blood pressure every 6 months and inform the surgery of your results. This can be done in person, by post or by emailing them to close.farm@nhs.net. On the other side of this page is a simple sheet you can fill in to help record your readings.

To check your blood pressure at home you need to take 2 readings each morning and evening for 5-7 days. Sit down at a table, in a quiet environment with your arm rested in front of you and take 2 readings. Take the second reading 2 minutes after the first reading. Record your results on the other side of this page along with the date taken. When you return the results, we will take an average of your readings and record this in your notes.

Your blood pressure should be less than 135/85 (or 145/85 if you are aged 80 and over). If your average reading is higher, or any of your individual readings are significantly higher, we will contact you to make an appointment for some other tests and then an appointment to review all of your results with our Clinical Pharmacist or a doctor. If your readings are within the normal range, we will not need to contact you further.

Close Farm Surgery
47 Victoria Road, North Common, Bristol, BS30 5JZ
Email: close.farm@nhs.net
Tel: 0117 9322108

Name:	D.O.B:
GP:	EMIS:

DAY 1	DATE	TIME	SYSTOLIC (1 st number)	DIASTOLIC (2 nd number)
		AM – 1 st reading		
		AM – 2 nd reading		
		PM – 1 st reading		
		PM – 2 nd reading		

DAY 2	DATE	TIME	SYSTOLIC (1 st number)	DIASTOLIC (2 nd number)
		AM – 1 st reading		
		AM – 2 nd reading		
		PM – 1 st reading		
		PM – 2 nd reading		

DAY 3	DATE	TIME	SYSTOLIC (1 st number)	DIASTOLIC (2 nd number)
		AM – 1 st reading		
		AM – 2 nd reading		
		PM – 1 st reading		
		PM – 2 nd reading		

DAY 4	DATE	TIME	SYSTOLIC (1 st number)	DIASTOLIC (2 nd number)
		AM – 1 st reading		
		AM – 2 nd reading		
		PM – 1 st reading		
		PM – 2 nd reading		

DAY 5	DATE	TIME	SYSTOLIC (1 st number)	DIASTOLIC (2 nd number)
		AM – 1 st reading		
		AM – 2 nd reading		
		PM – 1 st reading		
		PM – 2 nd reading		

Your current weight	kgs
Do you smoke?	YES/NO

Please return this form and the Blood Pressure monitor (if borrowed) to the Practice as soon as possible.