BLOOD PRESSURE HOME MONITORING RECORD

Name:	D.O.B:
Address:	
NHS No	
Record your blood pressure twice in the morning a	nd twice in the evening.
Sit quietly for 5 minutes before each pair of readin	gs.
Leave at least one minute between each measuren	nent. Write both results in the boxes
Systolic (Syst) is the highest number – Diastolic (I	Diast) is the lower of the two.
When ever possible return the completed form to t	the Practice a week prior to your
appointment or if not enough time, please bring th	is form with you to the clinic.

		Morning Readings			Evening Readings				
Day	Date	Reading One Syst Diast		Reading Two Syst Diast		Reading One Syst Diast		Reading Two Syst Diast	
1									
2									
3									
4									
5									
6									
7									
8									