**Home Blood Pressure Monitoring**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Instructions

Thank you for recording your blood pressure. Please take two readings, at least one minute apart, while seated. Do this each morning and evening and enter the readings on this chart.

Please record the Systolic and Diastolic (marked SYS and DIA on most machines) please do not record the pulse readings

**Date monitoring started (Day 1):** …………………………

|  |  |  |  |
| --- | --- | --- | --- |
| Day |  Morning |  |  Evening |
| SYS | DIA | SYS | DIA |  | SYS | DIA | SYS | DIA |
| *Example* | *151* | *78* | *148* | *85* |  | *158* | *95* | *172* | *98* |
| Day 1 |  |  |  |  |  |  |  |  |  |
| Day 2 |  |  |  |  |  |  |  |  |  |
| Day 3 |  |  |  |  |  |  |  |  |  |
| Day 4 |  |  |  |  |  |  |  |  |  |
| Day 5 |  |  |  |  |  |  |  |  |  |
| Day 6 |  |  |  |  |  |  |  |  |  |
| Day 7 |  |  |  |  |  |  |  |  |  |

Now return this form to the surgery (where it will be scanned into your records) Please return it for review before you are next seen by the doctor

**ALL FIELDS MUST BE FILLED IN OTHERWSIE THE FORM IS NOT VALID**

*Hampton Medical Doctors*

Note for Doctors

*Nice Guidance Autumn 2012 – discard the day 1 readings and use the average of the remaining readings for diagnosis*