

HOME BLOOD PRESSURE CHART

PATIENT NAME..... DATE OF BIRTH.....

USUAL DOCTOR/NURSE.....

Please check your blood pressure AM and PM over 5 days resulting in 10 readings.

	DATE	AM	Pulse (am)	PM	Pulse (pm)
DAY 1		/		/	
DAY 2		/		/	
DAY 3		/		/	
DAY 4		/		/	
DAY 5		/		/	

Patient Instructions:

1. In the morning, ensure that you are rested and have taken no exercise in the last 30 minutes.
2. Then sit in a chair comfortably upright with your arm supported on a table beside you, with both feet on the ground.
3. Put the cuff on your upper arm (5cm above your elbow) resting on the table, the cuff should be roughly at the level of your heart.
4. Press the on/start button on the BP monitor and take two or three readings at least 1 minute apart.
5. Record the lowest reading with your pulse rate and any comments.
6. Repeat that evening for a total of 5 days using alternate arms. Then return this diary (& BP monitor if borrowed) to the surgery.

Office use only

Average..... Initials.....

GP/Nurse Comments.....

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