

BLOOD PRESSURE MONITORING

NAME: _____ **DOB:** _____

Please record your blood pressure readings in the table below.

Ideally it should be recorded **consecutively** over **5 to 7** days. The blood pressure should be recorded **twice** a day, in the morning and again in the evening. When recording your blood pressure you should be seated and as relaxed as possible. Please record **TWO** readings at each sitting; **take the second reading one minute after the first reading.**

When you have completed the table please return the blood pressure machine and your readings promptly to the surgery for analysis. The form can be delivered to the practice in person/by post, or emailed care of stonystratford@nhs.net

DATE	AM 1 ST READING	AM 2 ND READING	PM 1 ST READING	PM 2 ND READING