

Home Blood Pressure Recording Sheet

Full Name	Date of Birth

Using a validated monitor:

1. Take the blood pressure at the same time every day for a week (7 consecutive days). Sit down at a table (if able), in a quiet environment with both feet on the floor. Rest your arm on the table so the blood pressure cuff is at about the same height as your heart.
2. Take two consecutive measurements at least 2 minutes apart. **Record the second reading only.**
3. Record the Systolic (1st reading), Diastolic (2nd reading) and Heart Rate/ Pulse (3rd reading)
4. Once completed the 7 days recording please return this to the Surgery

Date	Morning			Evening		
	Systolic	Diastolic	Pulse	Systolic	Diastolic	Pulse

Morning and Evening BP must be filled in