SHEPLEY HEALTH CENTRE

BLOOD PRESSURE HOME MONITORING RECORD

Name: …….. Date of Birth: ……..……

Address:…….…

……..

- Record your blood pressure twice in the morning and twice in the evening.
- Sit quietly for 5 minutes before each pair of readings.
- Leave at least one minute between each measurement.
- Write both results in the boxes Systolic (Syst) is the highest number — Diastolic (Diast) is the lower of the two.
- Whenever possible return the completed form to the Practice a week prior to your appointment or if not enough time, please bring this form with you to the clinic.

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