



Providing high quality healthcare in partnership with our patients

Patient record of Self Monitored Blood Pressure

Name: _____ DOB: _____

See over for details in how to perform the test

		Upper Reading (Systolic)	Lower Reading (Diastolic)
DAY 1 DATE:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

DAY 2 DATE:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

DAY 3 DATE:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

DAY 4 DATE:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

DAY 5 DATE:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

DAY 6 DATE:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

DAY 7 DATE:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

For Practice Use	Average systolic/diastolic (excluding day 1) > 135/85 = Stage 1. > 150/95 = Stage 2.		
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Please take your own blood pressure:

1. Twice a day – morning and evening
2. Do the reading twice – one after the other
3. Sit comfortably at a table with your arm resting roughly at the same height as your heart
4. Relax for 5-10 minutes before measurement and avoid alcohol, cigarettes or exercise for about 30 minutes prior to sitting down (it is also best to have an empty bladder).
5. Wrap the cuff around the upper arm about 2-3cm above the elbow. Place the cuff directly against the skin. Constriction of the arm by rolled up clothing may produce inaccurate readings.
6. Please write the date the blood pressures were taken and the two readings in the appropriate boxes provided above
7. When completed return the form to the Practice and if instructed, arrange to speak to your GP a week afterwards.