2615

**HOME BLOOD PRESSURE MONITORING**

**Name:………………………………. DOB:………………………………**

Please measure your blood pressure readings for 7 days and return them to the surgery for review.

1. Record readings in the morning and evening for a minimum of 4 consecutive days (ideally 7 days).
2. Be seated and relaxed when taking the readings.
3. For each recording, take 2 readings at least 1 minute apart. Record only the lowest of the 2 readings.
4. Please do not calculate the average – we will do this.

**Note: If you are known to have a drop in blood pressure when you stand up, please make sure your readings are done standing up.**

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| **DATE** | **AM** | **PM** |
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Once you have completed your readings, please return this to the surgery by either dropping it into reception or emailing it in.

You will hear back from us if any changes need to be made to your management.