

HOME BLOOD PRESSURE MONITORING FORM - THE LAKES MEDICAL PRACTICE

Name: _____

DOB: _____

Address: _____

MORNING

EVENING

DAY 1

Reading 1

Reading 2

Reading 1

Reading 2



DAY 2

Reading 1

Reading 2

Reading 1

Reading 2



DAY 3

Reading 1

Reading 2

Reading 1

Reading 2



DAY 4

Reading 1

Reading 2

Reading 1

Reading 2



DAY 5

Reading 1

Reading 2

Reading 1

Reading 2



DAY 6

Reading 1

Reading 2

Reading 1

Reading 2



DAY 7

Reading 1

Reading 2

Reading 1

Reading 2



EXAMPLE:

MORNING

EVENING

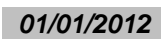
DAY 1

Reading 1

Reading 2

Reading 1

Reading 2



Take blood pressure when seated around the same time in the morning and evening every day for a week. Wait at least one minute between the first and second reading. Please return the completed form to reception. Remember to fill in your details and the dates of your readings.