MAYBURY SURGERY

Home blood pressure monitoring record

Name:…………………………………………………… Month/year:………………………………………..

EMIS number :……………..

|  |  |  |
| --- | --- | --- |
| Date | 1st reading | 2nd reading |
| Systolic | Diastolic | Systolic | Diastolic |
|  | am |  |  |  |  |
| pm |  |  |  |  |
|  | am |  |  |  |  |
| pm |  |  |  |  |
|  | am |  |  |  |  |
| pm |  |  |  |  |
|  | am |  |  |  |  |
| pm |  |  |  |  |
|  | am |  |  |  |  |
| pm |  |  |  |  |
|  | am |  |  |  |  |
| pm |  |  |  |  |
|  | am |  |  |  |  |
| pm |  |  |  |  |

**AVERAGE BP READING :………………….**