

Grove Health Centre

129 Dundee Road, Broughty Ferry, Dundee DD5 1DU

Tel: 01382 778881 Fax: 01382 731884

www.grovehc.co.uk

BLOOD PRESSURE READINGS

Please take this form with you when you attend your appointment to have your blood pressure rechecked.

Please complete your personal details and ask the staff member taking your blood pressure to complete your blood pressure readings.

Please return the form to the practice once completed. If you do not hear back from the practice, you can assume your results are satisfactory otherwise the practice will contact you if required.

NAME:

DATE OF BIRTH

ADDRESS

TO BE COMPLETED BY CTAC STAFF MEMBER:

BP READING NUMBER ONE: /

BP READING NUMBER TWO: /

BP READING NUMBER THREE: /

STAFF MEMBER NAME:

DATE READINGS TAKEN:

ANY FURTHER CTAC ACTION TAKEN: YES* / NO

****IF YES, PLEASE DETAIL:***