



Upton Surgery, Tunnel Hill, Upton-upon-Severn, Worcestershire, WR8 0QL.
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Hypertension Home Monitoring

Instructions:

To enable us to analyse your blood pressure accurately please:

- **Sit quietly without talking and without distractions for 10 minutes**
- **During that time take your blood pressure twice at least 1 minute apart**
- **Perform this morning and evening for at least 4 days, ideally for 7 days – giving up to 28 readings**
- **Record the readings on the back of this letter in the spaces provided**

Then return the blood pressure machine and this sheet to Upton Surgery Reception.

Once returned, your GP will assess your readings and a member of staff will contact you. If you have not heard anything after 2 weeks please contact the surgery.

IMPORTANT

Once your blood pressure has been controlled, it is important that you blood pressure is measured every 12 months either by our staff in one of our blood pressure clinics, or with a home BP machine.

Lifestyle advice to reduce the risk of heart disease:

- Stop smoking if you are a smoker (ask your nurse/GP about our in-house smoking cessation clinics).
- Drink no more than: 14 units of alcohol per week if you are a man
 14 units of alcohol per week if you are a woman
 Do not binge drink
- Take physical activity such as walking, cycling or swimming for 30 minutes each day.
- Eat a healthy diet by:
 - Eating at least 5 portions of fruit and vegetables per day
 - Reducing fat, sugar and salt in your food
 - Increasing fibre in your food

If you would like more advice please ask the Receptionist for a booklet or talk to your nurse/doctor.



Hypertension Home Monitoring Readings

Name: _____

Address: _____

DOB: ___/___/___ GP: _____ Date: ___/___/___

SMOKING STATUS	Current Smoker - please record number of cigarettes/cigars smoked currently:
	Ex-smoker - please record stop date and number of cigarettes/cigars previously smoked:
	Please indicate if you have never smoked:

**One to one smoking cessation clinics are now available.
Please ask you Nurse/GP for further information.
Or, tick this box if you decline referral to a cessation clinic**

Refer to instructions listed overleaf on taking blood pressure readings and record below.

DATE	Morning 1 st BP	Morning 2 nd BP	Evening 1 st BP	Evening 2 nd BP
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

Please work out your own average BP if you want to