Home Blood Pressure Monitoring Patient Record

Patient Name

Date of Birth

		Upper Reading (Systolic)	Lower Reading (Diastolic)
DAY 1 Date:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		
DAY 2 Date:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		
DAY 3 Date:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		
DAY 4 Date:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		
DAY 5 Date:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		
DAY 6 Date:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		
DAY 7 Date:	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		
Calculate average of day 2-7	Average systolic/diastolic (excluding day 1)		

Please take your own blood pressure:
1. Using a monitor that has been validated (see link https://bihsoc.org/bp-monitors)
2. Twice a day – morning and evening.
3. Do the reading twice on each occasion, one after the other, at least one minute apart.
4. Each time you should be seated, rested and relaxed.
5. Please write the date the blood pressures were taken, and the two readings in the boxes provided.
6. When completed, return this form to: Whitesands Medical Practice reception