

Alveley Medical Practice
Home Blood Pressure Record Sheet

Name: _____ D.O.B: _____

Address: _____

When recording your blood pressure, please take 3 readings within a 5 minute period and repeat every morning and evening for 4-7 days.

Week Commencing Date:	<u>Reading 1</u> <u>AM</u>	<u>Reading 2</u> <u>AM</u>	<u>Reading 3</u> <u>AM</u>	<u>Reading 1</u> <u>PM</u>	<u>Reading 2</u> <u>PM</u>	<u>Reading 3</u> <u>PM</u>
<u>Monday</u>						
<u>Tuesday</u>						
<u>Wednesday</u>						
<u>Thursday</u>						
<u>Friday</u>						
<u>Saturday</u>						
<u>Sunday</u>						

When you have completed your home blood pressure readings please return this form back to Alveley Medical Practice and hand into reception, this will be passed either to the GP or practice nurse as appropriate and also scanned into your medical records.

Thank you.