**Home Blood Pressure Record Sheet**

* **We appreciate it is difficult but you should take blood pressure readings twice daily; in the morning and evening**
* **For each blood pressure recording take two consecutive measurements, at least one minute apart, while you are seated**
* **If you are diabetic OR over 80 years of age please do both sitting and standing blood pressures**
* **For arm circumference 35cm and below use the normal cuff**
* **For arm circumference above 35 cm use the large cuff**
* **Please put readings for 4-7 days only. We do not need any more.**
* **Return this form with the BP monitor after 7 days please.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Systolic**  **(upper value)**  **First Reading** | **Diastolic**  **(lower value)**  **First Reading** | **Systolic**  **(upper value)** | **Diastolic**  **(lower value)** | **Pulse** |
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