**Name:**

**Date of Birth:**

Your GP/Practice Nurse has found that your blood pressure is high (≥140/90 mmHg) at the Surgery. We would like to confirm whether this is the case by doing some further readings at home.

**Instructions**

* Please take readings sitting down
* For each blood pressure recording, two consecutive measurements should be taken at least a minute apart
* Record blood pressure twice a day ideally in the morning and evening
* Record for at least 4 days, ideally 7 days
* Once you have completed the readings please hand this sheet into reception.

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| --- | --- | --- | --- | --- |
| **Date** | **AM reading 1** | **AM reading 2** | **PM reading 1** | **PM reading 2** |
| *e.g. 6/4/12* | *140/75* | *150/80* | *135/70* | *139/74* |
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