

Mowbray House Surgery
Home Blood Pressure, Recording sheet

Patient D.O.B.....

NHS Number..... Requesting Doctor.....

For the next 5 days please take blood pressure readings as shown. Two in the morning and two in an evening (the second reading being taken a couple of minutes after the first).

Date of first reading.....

	Morning BP		Evening BP	
	First reading	Second reading	First reading	Second reading
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				

When completed, please HAND THIS FORM IN AT RECEPTION WHEN YOU RETURN YOUR MONITOR, then make your GP appointment at least one week from its return

Thank you