

# BP HOME MONITORING CHART

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

Date of Birthday: \_\_\_\_\_



You have been given this machine to monitor your blood pressure at home for one week.

Please take your blood pressure every day for 7 days.

Take two readings each morning and two each evening.

Take the two reading about 5minutes apart, sitting quietly, with your arm resting.

While you are taking the readings do not talk and do not take them after a big meal.

Write down the readings in the table to the right. Once the week is up please bring the monitor and this sheet back to the surgery. We will then contact you to let you know if a further ap-  
pointment is required.

| Date  | Time                       | BP | BP after 5 minutes | Comment |
|---|----------------------------|----|--------------------|---------|
|   | AM                         |    |                    |         |
|   | PM                         |    |                    |         |
|   | AM                         |    |                    |         |
|   | PM                         |    |                    |         |
|   | AM                         |    |                    |         |
|   | PM                         |    |                    |         |
|   | AM                         |    |                    |         |
|   | PM                         |    |                    |         |
|   | AM                         |    |                    |         |
|   | PM                         |    |                    |         |
|   | AM                         |    |                    |         |
|   | PM                         |    |                    |         |
| This section to be completed by Unst Health Centre (excludes Day 1) | BP Average                 |    |                    |         |
|   | BP Average after 5 minutes |    |                    |         |
|   | Overall Average            |    |                    |         |