**Home Blood Pressure Monitoring (HBPM)**

You have been asked to carry out blood pressure readings at home to provide additional information. This will allow your doctor to decide if you need treatment for your blood pressure.

Please read the instructions below and record your blood pressure readings in the table overleaf and return this form and monitor to the Reception Desk on the stated date.

Please make an appointment approximately a week later, with your usual doctor to discuss the results. This can be done by a telephone appointment rather than a face to face consultation.

**Please ensure that:**

1. Blood pressure is recorded twice daily, ideally in the morning and evening
2. For each blood pressure recording, 2 consecutive measurements should be taken at least one minute apart. Please record both in the table overleaf
3. Record from the same arm each time.
4. Take blood pressure recording when seated.
5. Record the pulse rate as well as the blood pressure reading.

Thank you.

Name………………………….

Date of Birth…………………..

Date recordings started…………..

|  |  |  |
| --- | --- | --- |
|  | **Morning** | **Evening** |
|  | **Blood pressure** | **Pulse** | **Blood pressure** | **Pulse** |
| **Day 1** 1st reading |  |  |  |  |
| 2nd reading |  |  |  |  |
| **Day 2**1st reading |  |  |  |  |
| 2nd reading |  |  |  |  |
| **Day 3**1st reading |  |  |  |  |
| 2nd reading |  |  |  |  |
| **Day 4**1st reading |  |  |  |  |
| 2nd reading |  |  |  |  |
| **Day 5**1st reading |  |  |  |  |
| 2nd reading |  |  |  |  |