**Blood Pressure Readings**

**Name:……………………………………………………….. Date of Birth:………………………**

**Address:…………………………………………………………………………………………………………..**

**GP:……………………………………………………………..**

Please follow the times listed on the left hand side. You should be sat down for 5 minutes before readings and the readings taken a few minutes apart. Continue the readings for 7 consecutive days.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Commenced****………………** | **Systolic** | **Diastolic** | **Pulse** | **Comments** |
| 1st day AM |  |  |  |  |
| 1st day PM |  |  |  |  |
|  |  |  |  |  |
| 2nd day AM |  |  |  |  |
| 2nd day PM |  |  |  |  |
|  |  |  |  |  |
| 3rd day AM |  |  |  |  |
| 3rd day PM |  |  |  |  |
|  |  |  |  |  |
| 4th day AM |  |  |  |  |
| 4th day PM |  |  |  |  |
|  |  |  |  |  |
| 5th day AM |  |  |  |  |
| 5th day PM |  |  |  |  |
|  |  |  |  |  |
| 6th day AM |  |  |  |  |
| 6th day PM |  |  |  |  |
|  |  |  |  |  |
| 7th day AM |  |  |  |  |
| 7th day PM |  |  |  |  |
|  |  |  |  |  |

**For office use only – remember 1st day rule.**

|  |  |  |
| --- | --- | --- |
| **Number of readings:** | **Average Systolic:** | **Average Diastolic:** |