

AVERAGE HOME BLOOD PRESSURE RECORDINGS

PATIENT NAME:

DATE OF BIRTH:

Please take your blood pressure twice in the morning, and twice in the evening for 7 days. Hand back in to reception once complete. Many thanks *(systolic is the top number, diastolic is the bottom)*

	Date	Time	Comments	BP recording #1		BP recording #2	
				Systolic	Diastolic	Systolic	Diastolic
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							

AVERAGE:

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