Patient Name & DOB ………………………………………..  
Please return to St Mary Street Surgery

**Home Blood Pressure Monitoring**

Please take your blood pressure when seated.

Take 2 readings at least a minute apart morning & evening, and record both.

If you are able to please calculate your average systolic reading and the average diastolic reading.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Date | Time | Systolic | Diastolic | Pulse | Comment EG Activity |
| AM |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Calculate averages from readings below disregarding the ones above**

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| --- | --- | --- | --- | --- | --- | --- |
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