

*Newnham Walk Surgery, Wordsworth Grove
Cambridge CB3 9HS*

Telephone (01223) 366811 Fax (01223) 302706

HOME BLOOD PRESSURE MONITORING

Full Name: **DOB:**

Target Blood pressure (if appropriate): lower than /

- Please use a black pen if possible
- Record your blood pressure at home for 7 consecutive days, morning and evening
- Sit down comfortably with your arm resting on a table or your lap
- For each recording, please take 2 or 3 readings, at least 1 minute apart
- Use the table below to record the lowest out of the 2 or 3 recordings, at each sitting
- Do not round the numbers up or down – what you record should be what is written on the screen
- You can calculate your average or leave it to us to do. If you are calculating it:
*discount day 1, then add all the numbers in the Systolic column and divide this by 13.
Do the same for the Diastolic column.*
- You do not need to record your pulse/heart rate
- **Please email to nws.messaging@nhs.net**

Day	Time	Systolic BP (top number)	Diastolic BP (bottom number)	Comments (change of meds, feeling unwell, any over the counter meds taken etc.)
1	AM:			
	PM:			
2	AM:			
	PM:			
3	AM:			
	PM:			
4	AM:			
	PM:			
5	AM:			
	PM:			
6	AM:			
	PM:			
7	AM:			
	PM:			
AVERAGE				