

CASTLE DONINGTON SURGERY

HOME BLOOD PRESSURE RECORDING SHEET

Name: _____

Please record your blood pressure for one week and record on the chart below

Additional guidance;

- Do not smoke, drink alcohol, tea or coffee or other drinks containing caffeine, for 1 hour before the readings
- Remove anything tight from around your arm. The arm must be supported at the level of the heart
- Sit comfortably for 3 to 5 minutes before taking your blood pressure
- Please take all the readings seated, take one reading and repeat at least 1 minute later each time
- Record blood pressure reading for every morning and every evening for 7 consecutive days.
- If your blood pressure is **higher than 180(upper reading) or 120(lower reading)** please contact GP (111- if the surgery is close). In addition to high blood pressure, if you experience chest pain, confusion, visual disturbances or headache please contact the GP surgery **URGENTLY**. If the surgery is closed, contact 999.

	Morning BP 1 st reading	Morning BP 2 nd reading	Evening BP 1 st reading	Evening BP 2 nd reading
Date (day 1)	/	/	/	/
Date (day 2)	/	/	/	/
Date (day 3)	/	/	/	/
Date (day 4)	/	/	/	/
Date (day 5)	/	/	/	/
Date (day 6)	/	/	/	/
Date (day 7)	/	/	/	/

Please return the completed sheet to the surgery for adding to your record

For surgery use only

Average of day 2 to 7 blood pressure readings =