

Home Blood Pressure Chart

Please monitor and record your blood pressure at home for 7 consecutive days and return this form to the surgery via email or post

On each day, monitor your blood pressure on two occasions & use the table below to record all of your blood pressure readings.

For information about taking your blood pressure, please read the [‘Home Blood Pressure Monitoring Explained’](#) information sheet on our website in the **green “Blood Pressure” box**

NAME _____ DOB _____ DATE _____

Date	Morning reading	Evening reading	Notes eg medication changes, feeling unwell
Day 1			(Ignore this reading as just getting used to the machine)
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			

AVERAGE BP READING _____

(don't worry if you can't calculate this – we can happily do this for you)