



TALBOT MEDICAL CENTRE

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Drs E S Craig, S T Flack, R J L Holmes, S M Nixon, R Robinson, T Caudell, R J Betts, A F P Broadhead, N Aldred, J Shott, R Manson

Home Blood Pressure Diary

Date:

Your name:

Your date of birth:

Please monitor and record your blood pressure at home for 7 consecutive days (unless you have been advised otherwise). On each day, check your blood pressure on twice - in the morning (between 6am and 12noon) and again in the evening (between 6pm and midnight). On each occasion take three readings, leaving at least a minute between each.

Use the table below to record all of your blood pressure readings. The numbers you write down should be the same as those that appear on the monitor screen - do not round the numbers up or down. Write the best of the three in the right hand column.

Day	Date		Time	1	2	3	Best
Example	25/04/2020	AM	0900	160 / 90	148 / 82	150 / 86	148 / 82
		PM	1700	150 / 84	138 / 80	138 / 82	138 / 80
1		AM		/	/	/	/
		PM		/	/	/	/
2		AM		/	/	/	/
		PM		/	/	/	/
3		AM		/	/	/	/
		PM		/	/	/	/
4		AM		/	/	/	/
		PM		/	/	/	/
5		AM		/	/	/	/
		PM		/	/	/	/
6		AM		/	/	/	/
		PM		/	/	/	/
7		AM		/	/	/	/
		PM		/	/	/	/
Average							/

Please submit your results ("best" column only) electronically via the Hypertension review section at talbotmedicalcentre.webgp.com/reviews (or return the completed form to the surgery if you cannot do this) and arrange follow-up as agreed.

Please allow 5 working days for the form to be scanned onto your notes.