**Home Blood Pressure Monitoring**

Please monitor and record your blood pressure at home for 7 consecutive days (unless you have been advised otherwise). On each day, monitor your blood pressure on two occasions - in the morning (between 6am and 12 noon) and again in the evening (between 6pm and midnight). On each occasion take a minimum of two readings, leaving at least a minute between each. If the first two readings are very different, take 2 or 3 further readings.

 **Taking your blood pressure at home:**

* Machines with upper arm cuff preferable.
* Monitor your blood pressure in the morning and evening at roughly the same time.
* Measure your morning blood pressure before you take your medication.
* Don’t exercise, smoke, eat or drink caffeine in the 30 minutes before measurements.
* Sit quietly for 5 minutes before starting measurements (no TV, talking, reading, phone use).
* Sit with feet flat on the floor, legs uncrossed, upper arm bare, back and arm supported with upper arm at the level of the heart.
* Write down the numbers in the table below exactly as they appear on the monitor screen do not round them up or down.
* Two readings a day are required.

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| --- | --- |
| **Full Name:** | **Date of Birth:** |
| **Address:** | **Contact Number:** |

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time AM** | **Time PM** | **Systolic BP (top number)** | **Diastolic BP (bottom number)** | **Notes (e.g Medication changes, feeling unwell)** |
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If you are not able to take your blood pressure at home, you can contact your local pharmacy to see if they provide this, Asif’s pharmacy also has a walk-in service or please contact the surgery on 01702 416966 and book a blood pressure check with the Healthcare Assistant.

If possible, please complete this form and return to the surgery or send by email to admin.hollies@nhs.net. Please note that you will only be notified if there is any action required following the submission of your readings.

***Staff Use Only***

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| Form taken by (full name): | Date: |
| Scanned by (full name): | Date: |
| Form sent to clinician by: | Clinician Name: |

Average blood pressure (Clinician to record):