

## **Blood Pressure Monitoring Form**

Print out and fill in this form to monitor your blood pressure at home, over 5-7 consecutive days. It can also be used if the GP or Nurse requests a blood pressure check.

To get the most accurate reading when taking your blood pressure at home, make sure you do the following:

- 1. Sit down with your back supported, and your legs uncrossed.
- 2. Roll up your sleeve, or remove items of long-sleeved clothing, so the cuff can be placed around your upper arm.
- 3. Support your arm, e.g. with a cushion or the arm of a chair, so your arm is at the same height as your heart.
- 4. Try and relax and avoid talking while the reading is being carried out.

\*Please ensure you wait at least 2 minutes between the two readings.\*

Once the form is complete you can either drop it into reception, or post it to:

Ballards Walk Surgery,

49 Ballards Walk,

Basildon.

**SS15 5HL** 

Alternatively, you can scan the form onto your computer and e-mail it to ballards.walk@nhs.net

\*Please make sure you fill in your Name and Date of Birth on the Blood Pressure Form\*



| Name    |  |
|---------|--|
| DoB     |  |
| NHS No. |  |

| Start Date | Time | Morning (1st)       |                      | Morning (2nd)       |                      | Time | Afternoon (1st)     |                      | Afternoon (2nd)     |                      |
|------------|------|---------------------|----------------------|---------------------|----------------------|------|---------------------|----------------------|---------------------|----------------------|
|            |      | Upper<br>(systolic) | Lower<br>(diastolic) | Upper<br>(systolic) | Lower<br>(diastolic) |      | Upper<br>(systolic) | Lower<br>(diastolic) | Upper<br>(systolic) | Lower<br>(diastolic) |
| Day 1      |      |                     |                      |                     |                      |      |                     |                      |                     |                      |
| Day 2      |      |                     |                      |                     |                      |      |                     |                      |                     |                      |
| Day 3      |      |                     |                      |                     |                      |      |                     |                      |                     |                      |
| Day 4      |      |                     |                      |                     |                      |      |                     |                      |                     |                      |
| Day 5      |      |                     |                      |                     |                      |      |                     |                      |                     |                      |
| Day 6      |      |                     |                      |                     |                      |      |                     |                      |                     |                      |
| Day 7      |      |                     |                      |                     |                      |      |                     |                      |                     |                      |

|         | Mor                 | ning                 | Afternoon           |                      |  |
|---------|---------------------|----------------------|---------------------|----------------------|--|
| Average | Upper<br>(systolic) | Lower<br>(diastolic) | Upper<br>(systolic) | Lower<br>(diastolic) |  |
|         |                     |                      |                     |                      |  |