

Claypath Medical Practice

Home Blood Pressure Monitoring Form

Name	Date of Birth	Doctor/Nurse Who Requested the check

If you are older than 80, please take the measurements while standing up rather than sitting down

- 1) Sit at a table and rest your arm comfortably.
- 2) Position the cuff on your upper arm with the tube running down the inside to your wrist.
- 3) Secure the Velcro – it should be snug, not tight.
- 4) Relax for a few minutes before pressing 'Start'.
- 5) Take two readings, one minute apart.
- 6) Note your readings below.

Recording	Time	Date	BP Reading 1	BP Reading 2
<i>Example Day</i>	<i>Morning</i>	<i>12/2/23</i>	<i>128/70</i>	<i>123/84</i>
Day 1	Morning			
	Evening			
Day 2	Morning			
	Evening			
Day 3	Morning			
	Evening			
Day 4	Morning			
	Evening			
Day 5	Morning			
	Evening			
Day 6	Morning			
	Evening			
Day 7	Morning			
	Evening			

Average

This is optional. If you are able to, please calculate the (mean) average of the blood pressures of days 2-7.