

Patient Record of Self Monitored Blood Pressure

Patient Name

Date of Birth

		Upper Reading (Systolic)	Lower Reading (Diastolic)
Date: DAY 1	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

Date: DAY 2	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

Date: DAY 3	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

Date: DAY 4	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

Date: DAY 5	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

Date: DAY 6	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

Date: DAY 7	Morning Reading 1		
	Morning Reading 2		
	Evening Reading 1		
	Evening Reading 2		

For Practice Use Only	Average systolic/diastolic (excluding Day 1)		
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NOTES

Your nurse or doctor should have explained how to take your blood pressure readings using the machine.

Please take your own blood pressure:

1. Twice a day – morning and evening.
2. Do the reading twice - one after the other.
3. Each time you should be seated, rested and relaxed.
4. Please write the date the blood pressures were taken, and the two readings in the boxes provided above.
5. When completed, return the monitor and this form to: