

# PATIENT RECORD OF SELF MONITORING BLOOD PRESSURE

Patient's Name		Date of Birth	
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	Upper Reading (Systolic)	Lower Reading (Diastolic)
Day1/Date:		
Morning Reading 1		
Morning Reading 2		
Evening Reading 1		
Evening Reading 2		

Day2/Date:		
Morning Reading 1		
Morning Reading 2		
Evening Reading 1		
Evening Reading 2		

Day3/Date:		
Morning Reading 1		
Morning Reading 2		
Evening Reading 1		
Evening Reading 2		

Day4/Date:		
Morning Reading 1		
Morning Reading 2		
Evening Reading 1		
Evening Reading 2		

Day5/Date:		
Morning Reading 1		
Morning Reading 2		
Evening Reading 1		
Evening Reading 2		

Day6/Date:		
Morning Reading 1		
Morning Reading 2		
Evening Reading 1		
Evening Reading 2		

Day7/Date:		
Morning Reading 1		
Morning Reading 2		
Evening Reading 1		
Evening Reading 2		

For Practice Use Only	Av	Av
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**Notes:**

Your nurse or doctor should have explained how to take your blood pressure readings using the machine. Please take our 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 appropriate boxes above.
5. When completed, return the monitor and this form to reception at Lauderdale Medical Practice.