**HOME BLOOD PRESSURE MONITORING**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date test started\_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS

1. Take blood pressure twice in the morning and twice in the evening.
2. The two readings should be taken about 5mins apart.
3. Please be seated when taking a blood pressure reading.
4. The arm should be in a supported position, with the bp cuff at mid chest level.
5. Please fill in the chart below accordingly.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| WEEK 1 | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
| MORNING 1ST |  |  |  |  |  |  |  |
| MORNING 2ND |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| EVENING 1ST |  |  |  |  |  |  |  |
| EVENING 2ND |  |  |  |  |  |  |  |

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|  |  |
| --- | --- |
| AVERAGE |  |

FOR SURGERY USE ONLY

When scanned on please workflow to HCA

Dr. \_\_\_\_\_\_\_\_\_\_

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_