Blood Pressure Pathway

Home Blood Pressure Monitoring Sheet

You have been asked to complete some blood pressure readings at home because you have had a reading which was slightly high which needs checking in more detail. You also might be asked to complete a chart like this to monitor your blood pressure if you are on treatment.

Please complete the from and return it to reception at your surgery. Alternatively, you can visit www.newforestpcn.co.uk and click on the Blood Pressure Pathway icon to submit this information electronically. This is actually the preferred method as that system works out the average for us.

Name: _____

Date of birth: _____

First line of address: _____

Surgery (circle): Wistaria & Milford Chawton House Lyndhurst New Forest Medical Group

Smoking status (circle): Never Smoked Ex-Smoker Current Smoker

Alcohol consumption: _____ units a week

Ethnicity: _____

Blood Pressure readings:

Your blood pressure should be checked morning and evening while relaxed and seated. You should use a machine which goes around your upper arm rather than your wrist. Machines are available for collection from your surgery reception. Before doing a set of readings you should not have recently exercised or had caffeine.

The recommended method of measuring blood pressure at home is to do a set of two readings in the morning and then evening for 5 days. Take a reading and then fill in Day ONE AM1 Systolic and AM1 Diastolic like in the example row. Stay seated and relaxed for 1 minute and then run the machine again to complete AM2 Systolic and AM2 Systolic. You then repeat this process in the evening and for the following 4 days.

If you miss a set of readings go back and fill in the gaps another day, the results don't have to be in order. It is important that all the boxes are complete before you return your form or submit your data.

Day	AM 1		AM 2		PM 1		PM 2	
	Systolic	Diastolic	Systolic	Diastolic	Systolic	Diastolic	Systolic	Diastolic
Example	144	85	138	82	152	92	142	88
Day ONE								
Day TWO								
Day THREE								
Day FOUR								
Day FIVE								