**QUEEN CAMEL MEDICAL CENTRE**

**HOME BLOOD PRESSURE MONITORING**

Please ensure that;

1. Blood pressure is recorded two times twice a day at 5 minute intervals for 4-7 days (morning and evening)
2. Please sit and relax for 5 minutes before taking the reading
3. Please would you kindly work out the averages for **Reading 2**

Patient Name……………………………………………………………………………………………………..

Patient DOB……………../……………../……………..

Date week started recording………………………………………

|  |  |  |
| --- | --- | --- |
| Day | Morning | Evening |
|  | Reading 1 | Reading 2 | Reading 1 | Reading 2 |
| Day 1 |  |  |  |  |
| Day 2 |  |  |  |  |
| Day 3 |  |  |  |  |
| Day 4 |  |  |  |  |
| Day 5 |  |  |  |  |
| Day 6 |  |  |  |  |
| Day 7 |  |  |  |  |
| Average of Reading 2 |  |  |  |  |

**PLEASE SEEK SAME DAY MEDICAL ADVICE IF BLOOD PRESSURE IS 180/110 OR HIGHER**