



IMPORTANT
Seek help if your reading is above 180/120mmHg.

If your systolic blood pressure is over 180 mmHg OR your diastolic blood pressure is over 120 mmHg please seek urgent medical advice.

Blood pressure readings and collection sheet

NAME:

DATE OF BIRTH:

INSTRUCTIONS:

- Take readings in the morning and evening
- Record two readings on each occasion, a minimum of one minute apart
- Perform recordings for 7 days
- Add total of each row and record in the last two columns
- Add the total of each of the last two columns

Date of the first day of recording:

| Day | | Morning | | Evening | | Top Row total | Bottom Row total |
|-----|-------------------------|---------|--|---------|--|-------------------------------|------------------|
| 1 | Top Figure Systolic | | | | | | |
| | Bottom figure diastolic | | | | | | |
| 2 | Top Figure Systolic | | | | | | |
| | Bottom figure diastolic | | | | | | |
| 3 | Top Figure Systolic | | | | | | |
| | Bottom figure diastolic | | | | | | |
| 4 | Top Figure Systolic | | | | | | |
| | Bottom figure diastolic | | | | | | |
| 5 | Top Figure Systolic | | | | | | |
| | Bottom figure diastolic | | | | | | |
| 6 | Top Figure Systolic | | | | | | |
| | Bottom figure diastolic | | | | | | |
| 7 | Top Figure Systolic | | | | | | |
| | Bottom figure diastolic | | | | | | |
| | | | | | | Total of top row Systolic | |
| | | | | | | Total of bottom row Diastolic | |

Total top figure ÷ 28 =code via template minus average home systolic

Total bottom figure ÷ 28 = code via template minus average home diastolic

Pass to: Admin Department, Fernville Surgery or email to contact.fernville@nhs.net