

Home blood pressure record

Patient name:

Date of Birth:

Address:

- Please record your blood pressure for 7 days.
- Please take one set of readings in the morning and another set of readings in the evening.
- Please taken at least 2 readings at each time and leave at least 1 minute between each reading.
- Please get an average of all the TOP readings (add all the TOP reading together and divide by the total number of readings).
- Please get an average of all the LOWER readings (add all the LOWER reading together and divide by the total number of readings).

Average Blood pressure

1

Date	Time	Top reading (Systolic)	Lower reading (Diastolic)