**EDLESBOROUGH AND PITSTONE SURGERY**

**Blood pressure readings chart**

**Name**

**DOB**

**Please take your blood pressure twice each morning and evening 1 minute apart**

**Record your BP for four days**

Once completed either print the form and return to the surgery or save and email to:

edlesborough.admin@nhs.net

Please sit quietly for ten minutes before taking you BP

**Take your medication at the usual time but please leave 45 minutes before measuring your blood pressure**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **1st or 2nd reading** | **Time** | **Systolic – first or top reading** | **Diastolic – second of bottom reading** | **Heart rate** | **Comments** |
|  | **1st AM** |  |  |  |  |  |
|  | **2nd AM** |  |  |  |  |  |
|  | **1st PM** |  |  |  |  |  |
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