NEW ISLINGTON MEDICAL PRACTICE

**HPBM (Home Blood Pressure Monitoring)**

Name: DOB: EMIS:

Please record 2 Blood Pressure measurements in the morning and 2 in the evening. Please Leave 1 minute interval between the first and second measurement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date | Time | Systolic BP | Diastolic BP |
| Example | 28.11.2019 | Morning1st Measurement | 132 | 82 |
|  |  | 2nd Measurement | 136 | 84 |
| 1 |  | Morning |  |  |
|  |  |  |  |  |
|  |  | Evening |  |  |
|  |  |  |  |  |
| 2 |  | Morning |  |  |
|  |  |  |  |  |
|  |  | Evening |  |  |
|  |  |  |  |  |
| 3 |  | Morning |  |  |
|  |  |  |  |  |
|  |  | Evening |  |  |
|  |  |  |  |  |
| 4 |  | Morning |  |  |
|  |  |  |  |  |
|  |  | Evening |  |  |
|  |  |  |  |  |
| 5 |  | Morning |  |  |
|  |  |  |  |  |
|  |  | Evening |  |  |
|  |  |  |  |  |
| 6 |  | Morning |  |  |
|  |  |  |  |  |
|  |  | Evening |  |  |
|  |  |  |  |  |

**PLEASE COMPLETE AND RETURN TO THE RECEPTION DESK**