

**Lambgates Health Centre**

**Home Blood Pressure Record Sheet**

# Name Date of Birth

# Instructions

# Sit down in a chair comfortably

* Take your blood pressure, relax in the chair for at least 1 minute then take it again.
* Write down the lowest of the two values
* Take your blood pressure morning and evening for 7 days

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Systolic**(upper value)** | Diastolic**(lower value)** | Pulse |
|  | **am** |  |  |  |
|  | **pm** |  |  |  |
|  | **am** |  |  |  |
|  | **pm** |  |  |  |
|  | **am** |  |  |  |
|  | **pm** |  |  |  |
|  | **am** |  |  |  |
|  | **pm** |  |  |  |
|  | **am** |  |  |  |
|  | **pm** |  |  |  |
|  | **am** |  |  |  |
|  | **pm** |  |  |  |
|  | **am** |  |  |  |
|  | **pm** |  |  |  |
|  | **Average** |  |  |  |

Please discard the measurement taken on the first day and calculate the average values of the remaining readings. Add all systolic readings and divide the amount of readings taken – same for diastolic.

Treatment Target Blood Pressure 135/85 (aged <80)

Diagnosis >135/85 Stage 1 Hypertension – appointment with nurse for bloods and ECG

>150/95 Stage 2 Hypertension – appointment with nurse for bloods and ECG