

Portishead Medical Group

Name:

Address:

Date of Birth:

- Please use your home monitor to record your blood pressure at home for 7 days (unless your healthcare professional has specifically advised otherwise).
- Please monitor your blood pressure twice daily – once in the morning (between 6am and midday) and again in the evening (between 6pm and midnight).
- Each time, take a minimum of two readings. If the first two readings are very different, take further reading(s).
- Only write one reading on the diary sheet – this should be the lowest reading.
- The numbers you write down should be the same as those that appear on the monitor screen; do not round the readings up or down.
- In the comments section, you can record anything that might have affected your reading, such as feeling unwell or changes in your medication. You do not need to record your pulse/heart rate.

Once you have completed the form please ensure you add up all the readings and provide an average reading.

Please seek urgent medical attention if you develop any of the following:

- **Blood pressure is 180/120 or above (despite repeating it at least 2 times)**
- **Chest pains**
- **Changes in vision**
- **Confusion**
- **Severe headache**
- **Difficulty breathing**

If you don't hear from us following submission of your readings, no further action is necessary.

Many thanks,

Portishead Medical Group

Home Blood Pressure Diary

Name:

Arm used: Left Right

Date of Birth:

No	Date	Time	Upper reading (systolic)	Lower reading (diastolic)	Comments
e.g	01/04/22	Morning	142	87	Felt a bit dizzy when I woke up
Day 1		Morning			
		Afternoon			
Day 2		Morning			
		Afternoon			
Day 3		Morning			
		Afternoon			
Day 4		Morning			
		Afternoon			
Day 5		Morning			
		Afternoon			
Day 6		Morning			
		Afternoon			
Day 7		Morning			
		Afternoon			
TOTAL READING (add all of the above)					
AVERAGE READING (divide each total reading by the number of readings taken)					