

**Please take your blood pressure on *2 separate occasions each day* and write the reading in the chart below.**

**When the 7 days are completed please return this chart by email to** Reception.sahc@nhs.net **or drop it in the letterbox at any of our sites.**

**Your results will be passed to your GP for review.**

**.**

**Home Blood Pressure Readings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Day** | **Reading 1** | **Reading 2** |
|  | Monday |  |  |
|  | Tuesday |  |  |
|  | Wednesday |  |  |
|  | Thursday |  |  |
|  | Friday |  |  |
|  | Saturday |  |  |
|  | Sunday |  |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |