

Average Blood Pressure:	



Blood Pressure Record

Name: _____

DOB: _____

Instructions: Take your blood pressure twice a day, morning and afternoon. Record the top number in the top box and bottom number in the bottom box on each day. When you have filled in the sheet return it to the surgery AND make an appointment to see your doctors ONE week later.

Start Date: _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
AM							
PM							