

Home Blood Pressure Monitoring (HBPM) Form

Name:.....

Date of birth:.....

Directions:

- Please record your blood pressures at home for 7 consecutive days.
- Record two blood pressure readings each morning (between 6am and noon) and evening (between 6pm and midnight). Please ensure these readings are at least a minute apart.
- Write the numbers as they appear on the monitor screen – there is no need to round them up or down.
- There is no need to record your pulse/heart rate unless specifically requested.
- Please return this form to the James Cochrane Practice, thank you

Date		Reading 1	Reading 2
	am		
	pm		
	am		
	pm		
	am		
	pm		
	am		
	pm		
	am		
	pm		
	am		
	pm		
	am		
	pm		
	am		
	pm		

For Office Use Only:

Discount day 1 readings and average the remainder. Average HBPM -/.....

Add this HBPM to the clinical record and send a task to the requesting clinician, as per JCP protocol, unless consultation specifies otherwise.