## **GUIDANCE ON HOME BP MONITORING**

Please use the Brookfield Health Clinics website to complete this form if possible. See link below:

## https://www.brookfieldhealth.org/blood-pressure-review

Name:		Date	e of Birth:						
Form to be returned to requesting clir	nician:								
Target range: (Clinician please tick ra	nge) 120/80 13	0/80 135/85	140/80 140/90	150/90					
Please follow the below instructions for taking an accurate set of results:									
<ol> <li>Make sure you are taking the measurements SITTING DOWN COMFORTABLY, RELAXED, LEGS UNCROSSED, NOT TALKING and in a calm environment</li> <li>You need to be taking your BP TWICE a day</li> <li>You should take TWO readings each time, making sure you leave ONE MINUTE between each measurement</li> <li>Please repeat the measurements for SEVEN DAYS</li> <li>Calculate the average result for both the 'top' (Systolic) and 'bottom' (Diastolic) numbers: add each top numbers together and divide by number of readings. Do the same for the bottom numbers.</li> <li>If average blood pressure is within target range please hand in form to reception. the doctor.</li> <li>If average blood pressure is above target range, book telephone appointment with the doctor.</li> </ol>									
START DATE:	FINISH	I DATE:							
AM Reading 1	AM Reading 2 PM	1 Reading 1 PM Rea	ading 2 TOTAL						

	AM Reading 1	AM Reading 2	PM Reading 1	PM Reading 2	TOTAL		
Day 1 (Tester day- DO NOT USE RESULTS)							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							
Overall Total							
AVERAGE = Overall total divided by number of readings (do not include day 1)							

