Walford Mill Medical Centre Doctor

**BLOOD PRESSURE RECORD** Patient:

 DOB:

Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Date | Time | Systole | Diastole | Pulse |
| 1 |  | Morning |  |  |  |
| Evening |  |  |  |
| 2 |  | Morning |  |  |  |
| Evening |  |  |  |
| 3 |  | Morning |  |  |  |
| Evening |  |  |  |
| 4 |  | Morning |  |  |  |
| Evening |  |  |  |

**Current Weight: ………………………………….**

**Current Medication & Dose: ………………………………………………………………**

**………………………………………………………………………………………………….**

**…………………………………………………………………………………………………..**

**Smoking status:** Never smoked / Ex smoker / Smoker ( per day)

When the Practice receives your results they will be reviewed accordingly and should further action be required, we will contact you.

If no further action is necessary, you will be routinely recalled for your next review.

**Walford Mill Medical Centre**