**HYPERTENSION DIAGNOSIS FORM – 7 DAYS**

**HOME BP MONITORING INFORMATION FOR THOSE NOT KNOWN TO HAVE HYPERTENSION**

NAME……………………………………………………………………………………………………………………………………………….………

ADDRESS……………………………………………………………………………………………………………………………………………….……

DOB………………………………….… AGE…………………………………TEL…………………………………………………………..………….

MONITOR NUMBER …………………………..APPT TO RETURN MONITOR…………………………………………………………..

**HOW TO TAKE BLOOD PRESSURE**

* REMOVE ANY TIGHT CLOTHING FROM THE UPPER ARM
* SIT FOR 10 MINUTES WITH LEGS UNCROSSED BEFORE TAKING BP
* TAKE 2 BP READINGS 5 MINS APART AND RECORD THE **LOWER** OF THE 2 READINGS IN THE CHART BELOW.
* REPEAT THIS TWICE A DAY

SYSTOLIC IS THE TOP READING AND DIASTOLIC IS THE BOTTOM NUMBER IE 120/70

|  |  |  |  |
| --- | --- | --- | --- |
|  | MORNING |  | EVENING |
| DATE | SYSTOLIC | DIASTOLIC |  | SYSTOLIC | DIASTOLIC |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

When you have completed your diary it would be very helpful if you could average the results – see the instructions below

**IGNORE THE READINGS FROM DAY 1**

Count how many blood pressure readings you have done in total – eg if you have done your BP twice a day for 6 days then the total number of readings should be 12 **(REMEMBER TO IGNORE DAY 1 READINGS)**

Then add up all the figures from the systolic columns – press equal – then divide that by the number of readings you have done (ie 12) then write that figure in the systolic box below

|  |  |
| --- | --- |
| SYSTOLIC | DIASTOLIC |
|  |  |

Repeat these steps but this time using the figures from the diastolic column and enter the result in the diastolic box below.

**AVERAGE HOME BP**

**PTO**

**HEALTH INFORMATION**

Current smoker . How many a day………………….. Ex-smoker Never smoked

In line with current guidelines, we advise you to stop smoking for your own well being. If you would like advice regarding stopping smoking then please visit [www.smokefreehampshire.co.uk](http://www.smokefreehampshire.co.uk)

Height……………………………………………..……………...Weight…………………………………………………………………………………

Alcohol units per week…………………………………………………………………………………………………………..……………………..



**PLEASE RETURN THIS FORM AND THE MONITOR TO RECEPTION ON THE DATE GIVEN**