

**BLOOD PRESSURE MONITORING CHART**

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| --- | --- | --- | --- | --- |
| **PATIENT**  **NAME** | **DATE OF**  **BIRTH** | **ADDRESS** | | **TELEPHONE**  **NUMBER** |
|  |  |  | | **Home:**  **Mobile:** |
| **HEIGHT:** |  | **WEIGHT:** |  | **ARE YOU PREGNANT** YES / NO |
| **DO YOU DRINK:** | YES / NO | **UNITS PER WEEK:** | **DO YOU SMOKE:** | YES / NO / EX-SMOKER |

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| **DATE** | AM | TIME | PM | TIME |
|  | Reading 1: |  | Reading 1: |  |
| Reading 2: |  | Reading 2: |  |

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| **DATE** | AM | TIME | PM | TIME |
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| Reading 2: |  | Reading 2: |  |

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| Reading 2: |  | Reading 2: |  |

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| **DATE** | AM | TIME | PM | TIME |
|  | Reading 1: |  | Reading 1: |  |
| Reading 2: |  | Reading 2: |  |

**PLEASE RETURN TO THE SURGERY ONCE YOU HAVE COMPLETED THIS CHART**

**e-mail** [**admin.w97052@wales.nhs.uk**](mailto:admin.w97052@wales.nhs.uk) **or hand in to reception.**