

**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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| 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** **or hand in to reception.**