

Cuckfield Medical Practice & The Vale Surgery

HOME BLOOD PRESSURE READINGS

Name: Date of birth:

Tel no: Date of first reading:.....

Please tick which box applies to you so we can update your record:

I have never smoked

I am a current smoker

I am interested in stopping smoking

I have stopped smoking

	Morning reading 1	Morning reading 2	Evening reading 1	Evening reading 2
Example	140 / 87	130 / 75	150 / 82	135 / 75
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

Please return the completed form to our Reception Desk.

Your readings will be passed to your GP who will contact you if necessary.

If you have any concerns please speak to the receptionist when you hand your form in.

For Admin use ONLY:

Average reading: /

Date: