

HOME BLOOD PRESSURE MONITORING

**TAKE READINGS MORNING AND EVENING FOR ONE WEEK,
ON EACH OCCASION TAKE 2 READINGS 1 MINUTE APART,
WHILST SEATED AND RELAXED.**

NAME:

DOB:

DATE	TIME	BLOOD PRESSURE READING
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NAME:

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DATE	TIME	BLOOD PRESSURE READING
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PLEASE USE BLACK INK WHEN COMPLETING. THANK YOU