



## HOME BLOOD PRESSURE READINGS

PATIENT NAME:				DOB:			
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DATE		TIME		BLOOD PRESSURE		DATE		TIME		BLOOD PRESSURE	

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• When measuring Blood Pressure - Ensure Seated- Rest 5min</li></ul>    | <ul style="list-style-type: none"><li>• Feet uncrossed. Remain Quiet- avoid talking or moving during measurement</li></ul> |
| <ul style="list-style-type: none"><li>• Place Bp cuff on bare skin or over a thin shirt only</li></ul> Record | <ul style="list-style-type: none"><li>• Repeat BP and record for accuracy</li></ul>  |



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