**HOME BLOOD PRESSURE READINGS**

**NAME: ……………………………………………………………………………………………**

**DOB: ……………………………………………………………………………………………...**

**ADDRESS: ………………………………………………………………………………………**

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| **DATE** | **BP MORNING**  **X 2**  **1 MINUTE APART** | **PULSE MORNING** | **BP NIGHT**  **X 2**  **1 MINUTE APART** | **PULSE NIGHT** | **NOTES**  **E.G. HEADACHES, DIZZINESS ETC** |
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