HOME BLOOD PRESSURE AND PULSE READINGS SITTING AND STANDING
PLEASE TAKE DAILY READINGS MORNING AND EVENING FOR ONE WEEK THEN PLEASE RETURN.THANK YOU

Patient name……..PHS No……..GP……Omron No……

	MORNING SITTING			MORNING STANDING			EVENING SITTING			EVENING STANDING		
	Systolic	Diastolic	Pulse	Systolic	Diastolic	Pulse	Systolic	Diastolic	Pulse	Systolic	Diastolic	Pulse
Day 1 Date:												
Day 2 Date:												
Day 3 Date:												
Day 4 Date:												
Day 5 Date:												
Day 6 Date:												
Day 7 Date:												
Total												
Average												