

Clandown Road, Paulton, Bristol, BS39 7SF

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www.elmhayessurgery.co.uk

Requesting clinician: ____

Smoking Status (please tick)						
Never Smoked Current Smoker Ex Smoker	per day					

Name:

Address:

Own Blood Pressure Machine

Date of Birth:

Please enter your readings in the grid below in the format of the example given. Please write neatly as this sheet will be scanned into your medical records.

Date	Morning		Afternoon		Evening	
	07:45	140/70	13:30	145/75	18:00	140/75

PLEASE TICK		GP INITIAL	
Diabetes		ACCEPTABLE	
Cardiac		MAKE APPT	
Hypertension		SCAN	
Kidney			
Other	Please indicate:		