



Clandown Road, Paulton, Bristol, BS39 7SF

Tel: 01761 413155

Email: reception.elmhayes@nhs.net

www.elmhayessurgery.co.uk

Requesting clinician: \_\_\_\_\_

Smoking Status (please tick)

Never Smoked

Current Smoker  ..... per day

Ex Smoker

**Name:**

**Address:**

**Date of Birth:**

**Blood Pressure Machine on Loan**

This machine is surgery property and has been lent to you so you can monitor your BP up to 3 times a day at home. Do not take the machine to work.

Please take care of the machine and ensure it is not damaged or lost and return it to the surgery at the end of your test sequence, usually 7days.

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	
Diabetes	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>
Kidney	<input type="checkbox"/>
Other	<input type="checkbox"/>

GP INITIAL	<input type="text"/>
ACCEPTABLE	<input type="checkbox"/>
MAKE APPT	<input type="checkbox"/>
SCAN	<input type="checkbox"/>

Other  Please indicate: \_\_\_\_\_