A HEALING HEART MEDICAL CLINIC

Name: _____

Start Date: _____

End Date: _____

Target BP: _____

Pre-Measurement Checklist

Before you start, check these boxes to ensure your data is clinically valid:

[ ] **REST:** Sat quietly for 5 minutes (no phone, no talking).
[ ] **STIMULANTS:** No caffeine (coffee/tea), nicotine, or exercise in the last 30 mins.
[ ] **POSTURE:** Feet flat, back supported, arm at heart level.
[ ] **TIMING:** Morning (before food/meds) and Evening (before dinner).
[ ] **2 Times:** Take 2 readings 1 to 2 minutes apart. Record both and calculate the average.

7-Day BP Diary

By keeping a diary of your BP for seven days, it provides an accurate, reliable average of your BP.

Bring Your BP Diary

On the day of your consultation, please bring along your BP diary.

Date	Time	1st BP	2nd BP	Average BP	Pulse Rate	Notes
E.g.	10am	150/80	152/82	151/81	80	Breathless