## **Blood Pressure Review**

**If you have been advised by the surgery to submit blood pressure readings on a regular basis please use this form.**

**Personal Details (fields marked with a red asterisk are compulsory)**

**Name \*** …………………………………………………………………………………………………………………………………………………………………. **Date of Birth (DD/MM/YYYY) \*** …………………………………………………………………………………………………………………………………………………………………. **Daytime Telephone** \* …………………………………………………………………………………………………………………………………………………………………. **Email (by providing your email address we assume consent to reply via email when necessary. If you prefer not to receive email, please alert the surgery)\*** …………………………………………………………………………………………………………………………………………………………………. **Gender**

………………………………………………………………………………………………………………………………...................................

**Postcode \*** ………………………………………………………………………………………………………………………………………………………………….

**Smoking Status**

**Please choose: are you a SMOKER / HAVE NEVER SMOKED / EX-SMOKER**

**Would you like help to give up smoking? YES/NO**

**When did you give up smoking? ………………………………………………………………………**

**Your Blood Pressure**

**Date: DD/MM/YYYY ………………………………………………………………………**

**Morning Measurement**

* **Heart Rate ………………………………………………………………………**
* **Systolic "Higher" ………………………………………………………………………**
* **Diastolic "Lower" ………………………………………………………………………**

**Evening Measurement**

* **Heart Rate ………………………………………………………………………**
* **Systolic "Higher" ………………………………………………………………………**
* **Diastolic "Lower" ………………………………………………………………………**

***Privacy Protection***

*Information submitted these forms is used only for the purposes of processing your request. We may be in touch with you in relation to the information submitted.*

*Our practice has a strict confidentiality policy.*

*This information is not shared with any third party organizations. This information is retained for up to 28 days.*

**If you have any queries, please contact us:**

**Partington Family Practice, Central Road, Partington, Manchester M31 4FY.**

**Tel: 0161 775 7033 Fax: 0161 775 8411**

**Email:**[**clinical.partingtonfamily@nhs.net**](mailto:clinical.partingtonfamily@nhs.net)**​​ Twitter: @PartingtonFP**