Phone: 07 3016 1111



24 HR BLOOD PRESSURE DIARY

***PLEASE RETURN BY _____

| PATIENT: | | DOB | | |
|-------------|------|--------------|-----|-------|
| DATE: | SEX: | P/M: | DR: | ••••• |
| MEDICATION: | | | | |
| INDICATION: | | | | |
| START TIME | N | IONITOR NUME | BER | |

This recording device will record your blood pressure over the next 24 hrs. During this time it is important that you do not interfere with the device or the attached wires. The monitor will go off every half hour during the day (7am til 10pm), and every hour at night (10pm til 7am). Please time your showers around the measures accordingly. Please remove monitor when showering, as the device is unable to get wet. If you feel any symptoms (dizziness, shortness of breath) please feel confident in pressing "start" to record any additional manual recordings and list any symptoms in the section below. Please return diary with monitor regardless of symptoms.

| TIME | SYMPTOMS | ACTIVITY |
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