



24 HOUR BLOOD PRESSURE RECORDING

NAME: _____ BIRTHDATE: _____

You have received a device which will measure your blood pressure regularly over 24 hours. It will measure your blood pressure twice an hour between 07:00 and 22:00, and once an hour between 22:00 and 07:00.

Initially, your blood pressure was: _____ and your pulse frequency: _____

1. You should live life as you normally would while wearing the blood pressure recorder.
2. The blood pressure recorder is not water proof. Please do not bathe or shower.
3. To avoid faulty measurements, please keep your arm static while the device checks your blood pressure.

If you feel blood pressure related pain or discomfort such as headache or dizziness, please note it in this form:

Date	Time	Dizziness	Headache

I went to bed at: _____

I got up in the morning at: _____

Your appointment to have the device removed at the medical outpatient clinic (medisinsk poliklinikk) is at:

Date: _____

Time: _____

Please hand this form to the nurse. Your notes and the recordings from the blood pressure recorder will then be assessed by a physician. The results of the examination will be submitted to the referring doctor.

Good luck and welcome back.