**ABRIDGE SURGERY**

**BLOOD PRESSURE RECORD FORM**

Name: ………………………………………………………….

Date of birth: ………………………………………………

Mobile number: ………………………………………………

Email address: ………………………………………………..

SMS consent: □ (Please tick box if you give your consent for us to send you SMS messages)

NHS number (if known) …………………………………..

Address: ………………………………………………………………………………………………………….

Blood pressure (BP) reading: …………………………………. Date: …………………………………

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