



SITTING BLOOD PRESSURE FORM

ID NUMBER:

FORM CODE: SBP

DATE: 04/01/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

A. Arm measurements

1. Arm used for sitting blood pressure measurement (choose one):

Right (preferred)A

Left.....B

2. Arm circumference (cm): .

3. Cuff size (arm circumference in brackets):

Small {17.0-21.9 cm, CS19}A

Adult {22.0-32.5 cm, CR19}B

Large {32.6-42.5 cm, CL19}C

X Large {42.6-50.0+ cm, CX19}D

4. Time of measurement

a. Time of day: :
H H M M

b. AM or PM

B. First blood pressure / pulse rate

5. Systolic..... mmHg

6. Diastolic mmHg

7. Pulse bpm

C. Second blood pressure / pulse rate

8. Systolic..... mmHg

9. Diastolic mmHg

10. Pulse bpm

D. Third blood pressure / pulse rate

11. Systolic..... mmHg

12. Diastolic mmHg

13. Pulse bpm

E. Average blood pressure / pulse rate

14. Systolic..... mmHg

15. Diastolic mmHg

16. Pulse bpm