

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Ambulatory Blood Pressure Monitoring

Date: _____

Patient _____

Identifier _____

Recording context

Indication: _____

Device, cuff and arm: _____

Recording period: _____

Medication and timing: _____

Diary-defined awake / asleep periods: _____

Attempted readings: _____

Valid readings: _____

Validity, exclusions and limitations: _____

Mean blood pressure

24-hour mean systolic: _____ mmHg

24-hour mean diastolic: _____ mmHg

Awake mean systolic: _____ mmHg

Awake mean diastolic: _____ mmHg

Asleep mean systolic: _____ mmHg

Asleep mean diastolic: _____ mmHg

Valid awake readings: _____

Valid asleep readings: _____

Pattern and conclusion

Nocturnal change: method and clinician-entered result: _____

Symptoms and associated measurements: _____

Clinician interpretation and reference used: _____

Plan / communication: _____

Clinician: _____

Signature: _____