

Name and contact:

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Age:

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Weight:

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Please measure your blood pressure 3 consecutive days at the same time:

Day1:

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Day2:

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Day3:

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Please List ailments you think need to be addressed:

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Quick rundown of daily routine/stress factors etc. (also at work):

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Known illnesses/operations/regular medication:

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Anything else worth mentioning :

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Date & Place

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Signature

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