

Out-Patient Measurements

ID# _____

Date: _____

Body Habitus 1. Height (without shoes): _____ cm.

2. Weight (without shoes & in light clothing only, to nearest 0.5 kg.): _____ kg.

Blood Pressure: After 5 minutes of quiet sitting, take 2 reading 2 minutes apart.

Seated Left Arm 1 _____/_____ Seated Left Arm 2 _____/_____

Arm/Ankle Blood Pressure (Use appropriate cuff to fit arms & ankles.)

After 5 minutes in supine position, take readings 2 minutes apart.

ARM (Brachial systolic pressure by doppler): Left 1 _____ Left 2 _____

Right 1 _____ Right 2 _____

ANKLE (Posterior tibial systolic pressure by doppler): Left 1 _____ Left 2 _____

Right 1 _____ Right 2 _____

Caffeine intake 8 hours prior _____ yes _____ no

Smoking 8 hours prior _____ yes _____ no

Review

Questionnaires reviewed/completed: _____ YES _____ NO

Check issued: _____ YES _____ NO

Technician:
