|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment Issued** | **Kit number** | **Cuff (please circle)** | **Arm (please circle)** | **Date** | **Signature** |
| **Bluetooth BP monitor** | **ICH** | Sm / Med / Lg | Left / Right |  |  |
| **24 hour BP monitor baseline** |  | Sm / Med / Lg | Left / Right |  |  |
| **24 hour BP monitor 3 mth** |  | Sm / Med / Lg | Left / Right |  |  |
| **24 hour BP monitor 1 yr** |  | Sm / Med / Lg | Left / Right |  |  |