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**Appendix 1**

**Loan agreement for blood pressure monitor**

**Blood pressure monitor number:**

**Cuff size:**

*Declaration:*

I accept responsibility for the above equipment and understand I have been asked to monitor my blood pressure throughout pregnancy. I will return the blood pressure monitor as requested.

If the blood pressure monitor becomes damaged, lost or stolen, I understand that I must report this information to Salisbury NHS Foundation Trust, Maternity on the numbers below and that I am **not** responsible for the cost of replacement or repair.

|  |  |
| --- | --- |
| **Name:** |  |
| **Hospital number:** |  |
| **Date of Birth:** |  |
| **Signature of agreement to conditions:** |  |
| **Staff name:** |  |
| **Staff signature:** |  |
| **Date:** |  |

This

Ipswich Hospital: 01473 703104

Please copy and give one copy to the woman and retain one copy and place in the Home BP monitoring file on DAU.