**Community Pharmacy Hypertension Case-Finding Service – Referral form from GP practice to community pharmacy**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To (pharmacy name) | |  | | | |
|  | | | | | |
| **Patient name** | |  | | | |
| **Address** | |  | | | |
| **Patient DOB** | |  | **NHS number** |  | |
|  | | | | | |
| I am referring this patient to you for: | | | | | |
| * Their blood pressure to be measured (clinic check) | | | | |  |
| * 24-hour Ambulatory Blood Pressure Monitoring | | | | |  |
| Additional comments | | | | | |
|  | | | | | |
| GP name |  | | | | |
| GP practice name and address |  | | | | |
| Telephone |  | | | | |

**CONFIDENTIAL**