**Template email to GP**

**Email subject line: Action required within 3 weeks: CP Hypertension Case-Finding**

**CONFIDENTIAL**

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| --- | --- |
| **To (GP practice name):** |  |
|  |
| **Patient name:** |  |
| **Address:** |  |
| **Patient DOB:** |  | **NHS number:** |  |
|  |
| **This patient had their blood pressure measured on:** |  **/ /** |
| **Their blood pressure reading was:** |  **/ mmHg** |
| *For the Pharmacy: Complete the relevant sections below based on the patient’s blood pressure reading:* |
| **High Blood Pressure:** |
| Due to their high blood pressure reading, the patient was offered 24-hour ABPM monitoring and they: |
| [ ]  Advised they did not want to take up the offer of 24-hour ABPM monitoring[ ]  Have not attended the pharmacy for their ABPM fitting despite attempts to contact them[ ]  Accepted the offer and the ABPM was fitted on / / and patient advised they could not tolerate ABPM[ ]  Accepted the offer and the ABPM was fitted on / / and has failed to return the ABPM device[ ]  Accepted the offer and the ABPM was fitted on / / and their ABPM readings are listed below: |
| ABPM reading (average daytime systolic/diastolic) |  **/ mmHg** |
| ABPM reading (average night-time systolic/diastolic) |  **/ mmHg** |
| ABPM reading (average 24hr systolic/diastolic) |  **/ mmHg** |
| [ ]  The full ABPM results are attached to this email |
| **Low Blood Pressure:** |
| The patient confirmed that they were experiencing the following symptoms:[ ]  Dizziness[ ]  Nausea[ ]  Fatigue |
| **Recommendation:**  |
| **The patient has been advised to make an appointment with the practice within three weeks.** |
| **Additional comments:** |
|  |
| **Pharmacy name:** |  |
| **Address:** |  |
| **Pharmacy ODS code:** |  |
| **Telephone:** |  |