**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:** |  | | | | |