|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient details** Items marked with \* must be reported on MYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient name: | |  | | | | | | | | | | | DOB: | | | | | |  | | | | | | Age\*: | | |  |
| Gender: | | Not Known  Male  Female  Not Specified | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | Postcode: | |  | | | | | | | | | Telephone number: | | | |  | | | | |
| Ethnicity: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GP Practice: | |  | | | | | | | | | | | | NHS number: | | | | | | |  | | | | | | | |
| **Clinic BP Check** | | | | | | | | | | | | | | Consultation date: | | | | | | |  | | | | | |  | |
| Method of entry to service\*: | | | GP referral  Identified/presented in phc | | | | | | | | | | | | | | | | Patient consent obtained? | | | | | | | | Yes | |
| Pharmacist name: | | |  | | | | | | | | | | | | | GPhC number: | | | | |  | | | | | | | |
|  | | | | | | | | | | Blood pressure reading (mmHg) | | | | | | | | | | | | | | | | Arm | | |
| 1 | | / | | | | | | | | | | | | | | Right  Left | | |
| 2 | | / | | | | | | | | | | | | | | Right  Left | | |
| 3 | | / | | | | | | | | | | | | | | Right  Left | | |
| 4 | | / | | | | | | | | | | | | | | Right  Left | | |
| Clinic Blood Pressure Reading\*: | | | | | | | | | | | | | | | | | | |
| / | | | | | | | | | | | | | | | | | | |
| Irregular pulse detected? | | | | | | | | | | | | | | | | Yes | | |
| **ABPM - fitting** | | | | | | | | | | | | | | Consultation date\*: | | | | | | | |  | | | | |  | |
| Method of entry to service: | | | | | Referred by GP  Identified following clinic check | | | | | | | | | | | | | | | | | | | | | | | |
| Pharmacist name: | | | | |  | | | | | | | | | GPhC number: | | | | | | | | |  | | | | | |
| Planned date of follow up appt: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Missed follow up appointments – contact attempts (date / time / method): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **ABPM - Follow up** | | | | | | | | | | | | | | | Consultation date: | | | | | | | |  | | | |  | |
| Pharmacist name: | | | |  | | | | | | | | | | | GPhC number: | | | | | | | |  | | | | | |
| Average Daytime ABPM Reading | | | | | | | Average Night-time ABPM Reading | | | | | | | | | | | Average 24-Hour ABPM Reading\*: | | | | | | | | | | |
| / | | | | | | | / | | | | | | | | | | | / | | | | | | | | | | |
| Additional notes (from all consultations): |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome from clinic measurement and/or ABPM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Low BP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient is asymptomatic  Patient is experiencing dizziness, nausea or fatigue - referral to GP (for follow up within 3 weeks)  Patient is experiencing dizziness, nausea or fatigue and believed to be at risk - referral to GP (same day)  Patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis - referral to GP (same day)  Patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis - referral to A&E (same day) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Normal BP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic measurement  ABPM measurement | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **High BP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic measurement and patient declined ABPM - referral to GP (follow up within 3 weeks)  Clinic measurement and patient has not returned ABPM device - referral to GP (follow up within 3 weeks)  ABPM measurement - referral to GP (follow up within 3 weeks) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Very high BP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic measurement - referral to GP (same day)  Clinic measurement - referral to A&E (same day)  ABPM measurement - referral to GP (same day)  ABPM measurement - referral to A&E (same day) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Irregular pulse - referral to GP (same day) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Healthy living advice provided** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diet & nutrition  Sodium/salt  Caffeine | | | | | | Alcohol  Smoking  Referral to a local Healthy Living service  Service name: | | | | | | | | | | | Weight management  Physical activity | | | | | | | | | | | |