**Template email to GP**

**Email subject line: Action required today: 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:* |
| **Very High / High Blood Pressure:** |
| [ ]  Very High Blood pressure indicated by clinic BP (180/120mmHg or Higher) |
| Due to their high blood pressure reading, the patient was offered ABPM 24-hour monitoring and they: |
| [ ]  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 |
| [ ]  ABPM indicates Stage 2 Hypertension (150/95mmHg or higher) |
| **Low Blood Pressure:** |
| The patient confirmed that they were experiencing the following symptoms:[ ]  Experiences regular fainting[ ]  Falls[ ] Feel like they may faint on a daily/near daily basis |
| **Other:** |
| [ ]  Irregular pulse detected |
| **Recommendation:**  |
| **The practice has been contacted to make an urgent same day appointment for the patient.** |
| **Additional comments:** |
|  |
| **Pharmacy name:** |  |
| **Address:** |  |
| **Pharmacy ODS code:** |  |
| **Telephone:**  |  |