**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 ABPM monitoring and they: | | | | | |
| Advised they did not want to take up the offer of 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** | |
| The full ABPM results are attached to this email | | | | | |
| ABPM indicates Stage 1 Hypertension (135/85mmHg to 149/94mmHg) | | | | | |
| **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:** |  | | | | |