

## Community Pharmacy Hypertension Case-Finding Service – Referral form from GP practice to community pharmacy

<b>To (pharmacy name)</b>	
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<b>Patient name</b>			
<b>Address</b>			
<b>Patient DOB</b>		<b>NHS number</b>	

I am referring this patient to you for:	
<ul style="list-style-type: none"><li>• Their blood pressure to be measured (clinic check)</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Ambulatory Blood Pressure Monitoring</li></ul>	<input type="checkbox"/>
<b>Additional comments</b>	

<b>GP name</b>	
<b>GP practice name and address</b>	
<b>Telephone</b>	

**CONFIDENTIAL**