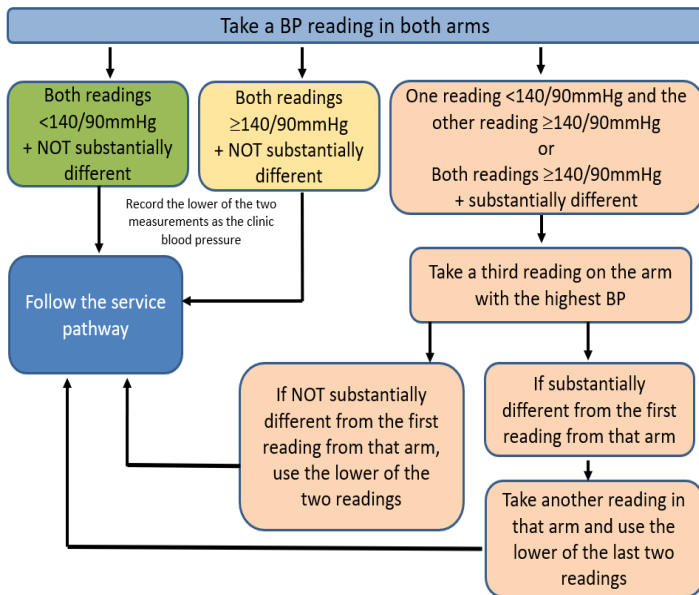


NHS Hypertension Case-Finding Service Consultation Form

Patient details					
Patient name:		DOB:		Age:	
Gender:	<input type="checkbox"/> Not Known	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not Specified	
Address:		Postcode:		Telephone number:	
Ethnicity:					
GP Practice:		NHS number:			

Clinic BP Check		Consultation date:	
Method of entry to service:	<input type="checkbox"/> GP referral <input type="checkbox"/> Identified/presented in phc	Patient consent obtained?	<input type="checkbox"/> Yes
Pharmacy staff name:		GPhC number (if applicable):	



Blood pressure reading (mmHg)	Arm
1	<input type="checkbox"/> Right <input type="checkbox"/> Left
2	<input type="checkbox"/> Right <input type="checkbox"/> Left
3	<input type="checkbox"/> Right <input type="checkbox"/> Left
4	<input type="checkbox"/> Right <input type="checkbox"/> Left
Clinic Blood Pressure Reading:	
/	
Irregular pulse detected?	<input type="checkbox"/> Yes

ABPM - fitting		Consultation date:	
Method of entry to service:	<input type="checkbox"/> Referred by GP <input type="checkbox"/> Identified following clinic check		
Pharmacy staff name:		GPhC number (if applicable):	
Planned date of follow up appt:			
Missed follow up appointments – contact attempts (date / time / method):			

ABPM - Follow up		Consultation date:	
Pharmacy staff name:		GPhC number (if applicable):	
Average Daytime ABPM Reading:			
/			

Additional notes (from all consultations):	
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Outcome from clinic measurement and/or ABPM		
Low BP (under 90/60mmHg)		
<input type="checkbox"/> Patient is asymptomatic <input type="checkbox"/> Patient is experiencing dizziness, nausea or fatigue - referral to GP (for follow up within 3 weeks) <input type="checkbox"/> Patient is experiencing dizziness, nausea or fatigue and believed to be at risk - referral to GP (same day) <input type="checkbox"/> Patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis - referral to GP (same day) <input type="checkbox"/> 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		
<input type="checkbox"/> Clinic measurement (between 90/60mmHg and 139/89mmHg) <input type="checkbox"/> ABPM measurement (between 90/60mmHg and 134/84mmHg)		
High clinic BP or ABPM BP - Stage 1 Hypertension (between 135/85mmHg and 149/94mmHg)		
<input type="checkbox"/> Clinic measurement and patient declined ABPM - referral to GP (follow up within 3 weeks) <input type="checkbox"/> Clinic measurement and patient has not returned ABPM device - referral to GP (follow up within 3 weeks) <input type="checkbox"/> ABPM measurement - referral to GP (follow up within 3 weeks)		
ABPM BP – Stage 2 Hypertension (between 150/95mmHg and 169/114mmHg)		
<input type="checkbox"/> ABPM measurement - referral to GP (follow up within 7 days)		
Very high Clinic BP or ABPM BP – Stage 2 Hypertension (170/115mmHg or higher)		
<input type="checkbox"/> Clinic measurement (180/120mmHg or higher) - referral to GP or other locally agreed urgent care (same day) <input type="checkbox"/> Clinic measurement (180/120mmHg or higher) - referral to A&E (same day) <input type="checkbox"/> ABPM measurement (170/115mmHg or higher) - referral to GP (same day) <input type="checkbox"/> ABPM measurement (170/115mmHg or higher <u>with acute symptoms</u>) - referral to A&E (same day)		
Other		
<input type="checkbox"/> Irregular pulse - referral to GP (same day)		
Healthy living advice provided		
<input type="checkbox"/> Diet & nutrition <input type="checkbox"/> Sodium/salt <input type="checkbox"/> Caffeine	<input type="checkbox"/> Alcohol <input type="checkbox"/> Smoking <input type="checkbox"/> Referral to a local Healthy Living service Service name:	<input type="checkbox"/> Weight management <input type="checkbox"/> Physical activity