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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To (pharmacy name)** | |  | | | |
|  | | | | | |
| **Patient name** | |  | | | |
| **Address** | |  | | | |
| **Patient DOB** | |  | **NHS number** |  | |
|  | | | | | |
| I am referring this patient to you for: | | | | | |
| * Their blood pressure to be measured (clinic check) | | | | |  |
| * Ambulatory Blood Pressure Monitoring | | | | |  |
| **Additional comments** | | | | | |
|  | | | | | |
| **GP name** |  | | | | |
| **GP practice name and address** |  | | | | |
| **Telephone** |  | | | | |

**CONFIDENTIAL**