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)** ☐
  Note to practice: Patients referred for a clinic check must be aged 40 years and over without a prior diagnosis of hypertension and must not have had their blood pressure measured in the last 5 years.

- **Ambulatory Blood Pressure Monitoring (ABPM)** ☐
  Note to practice: Patients referred for an ABPM must be aged 40 years and over. Please provide their last recorded blood pressure reading.

  Last recorded clinic blood pressure: /

  Date:

Additional comments

GP name	
GP practice name and address	
Telephone	

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