

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

To (pharmacy name)	
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Patient name			
Address			
Patient DOB		NHS number	

I am referring this patient to you for:	
<ul style="list-style-type: none">• Their blood pressure to be measured (clinic check)	<input type="checkbox"/>
<ul style="list-style-type: none">• 24-hour Ambulatory Blood Pressure Monitoring	<input type="checkbox"/>
Additional comments	

GP name	
GP practice name and address	
Telephone	

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