**Hypertension Case Finding Record Form**

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| --- | --- |
| Pharmacy Name: |  |
| Pharmacy Address: |  |
| Post code: |  |
| ODS code: |  |
| Pharmacist Name: |  |
| Patient Name (first/surname): |  |
| Patient Date of Birth: |  |
| Patient NHS Number: |  |
| Was the Patient Referred by GP: |  |
| Date of BP Reading: |  |
| BP Reading (systolic/diastolic): |  |
| Outcome: | Normal [ ]  High [ ] Very High [ ] Low (asymptomatic) [ ] Low (symptomatic) [ ] Low (daily symptoms) [ ] Irregular Pulse [ ]  |
| **High Results ONLY** |  |
| Date ABPM Fitted: |  |
| Average Daytime Reading: |  |
| Average Night-time Reading: |  |
| 24hr Average Reading: |  |
| Referral to GP:(or A&E for same day referral when GP surgery closed) | Same day [ ] Within 3 weeks [ ]  |
| **ALL Service Provisions** |  |
| Results sent to GP surgery: |  |
| ABPM Report Attached to GP results (if relevant): |  |
| Data Entered on MYS: |  |