

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 recruitment*:			<input type="checkbox"/> GP referral			<input type="checkbox"/> In Pharmacy		Patient consent obtained?		<input type="checkbox"/> Yes
Pharmacist name:			GPhC number:							
Blood pressure reading (mmHg)		Arm		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 – Refer to GP (same day)				
ABPM – Fitting (if required)					Consultation date*:					
Method of entry to service:			<input type="checkbox"/> Referred by GP		<input type="checkbox"/> Identified following clinic check					
Pharmacist name:			GPhC number:							
Planned date of follow up appt:										
Missed follow up appointments – contact attempts (date / time / method):										
ABPM - Follow up					Consultation date:					
Pharmacist name:			GPhC number:							
Average Daytime ABPM Reading		Average Night-time ABPM Reading			Average 24-Hour ABPM Reading*:					
/		/			/					
Additional notes (from all consultations):										
Outcome from clinic measurement and/or ABPM										
Low BP										
<input type="checkbox"/> Asymptomatic										
<input type="checkbox"/> Dizziness, nausea, or fatigue - referral to GP (follow up within 3 weeks)										
<input type="checkbox"/> Dizziness, nausea, or fatigue and believed to be at risk - referral to GP (same day)										
<input type="checkbox"/> Regular fainting or falls, or feel like they may faint on a daily/near daily basis - referral to GP (same day)										
<input type="checkbox"/> 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					<input type="checkbox"/> ABPM measurement					
High BP										
<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)										
Very high BP										
<input type="checkbox"/> Clinic measurement - referral to GP (same day)					<input type="checkbox"/> Clinic measurement - referral to A&E (same day)					
<input type="checkbox"/> ABPM measurement - referral to GP (same day)					<input type="checkbox"/> ABPM measurement - referral to A&E (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"/> Physical activity										
<input type="checkbox"/> Weight management										
<input type="checkbox"/> Referral to a local Healthy Lifestyle Service										