**Hypertension Case-Finding Service – Community Pharmacy**

**<Organisation Address>**

<Today's date>

Dear Pharmacist

Please accept this referral for the below person under the NHS Community Pharmacy Hypertension Case-Finding Advanced Service

|  |  |
| --- | --- |
| Name | <Patient Name> |
| Date of Birth | <Date of Birth> |
| NHS Number | <NHS number> |
| Preferred Contact Telephone Number | <Patient Contact Details> |
| Date and Time of Referral | <Today's date> |
| GP Practice | <Organisation Details> |
| Community Pharmacy referred to | <Recipient Details> |
| For | (Double-click appropriate box and select checked.) |
| Clinic blood pressure check | [ ]  |
| Ambulatory blood pressure check | [ ]  |

Yours Sincerely

<Organisation Details>