

# NHS Hypertension Case-Finding Service Consultation Form

<b>Patient details</b>				Items marked with * must be reported on MYS											
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:												
<b>Clinic BP Check</b>				Consultation date:											
Method of entry to service*:	<input type="checkbox"/> GP referral <input type="checkbox"/> Identified/presented in phc		Patient consent obtained?	<input type="checkbox"/> Yes											
Pharmacist name:			GPhC number:												
<pre> graph TD     Start[Take a BP reading in both arms] --&gt; B1[Both readings &lt;140/90mmHG]     Start --&gt; B2[Both readings ≥140/90mmHG]     Start --&gt; B3[One reading &lt;140/90mmHg and the other reading ≥140/90mmHG]     B1 --&gt; S1[Follow the service pathway]     B2 --&gt; S1     B3 --&gt; S2[Take a third reading on the arm with the highest BP]     S2 --&gt; D1[If NOT substantially different from the first reading from that arm, use the lower of the two readings]     S2 --&gt; D2[If substantially different from the first reading from that arm]     D1 --&gt; S1     D2 --&gt; S3[Take another reading in that arm and use the lower of the last two readings]     S3 --&gt; S1         </pre>				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Blood pressure reading (mmHg)</th> <th style="width: 15%;">Arm</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">/</td> </tr> </tbody> </table>		Blood pressure reading (mmHg)	Arm	1	/	2	/	3	/	4	/
Blood pressure reading (mmHg)	Arm														
1	/														
2	/														
3	/														
4	/														
				<input type="checkbox"/> Right <input type="checkbox"/> Left											
				<input type="checkbox"/> Right <input type="checkbox"/> Left											
				<input type="checkbox"/> Right <input type="checkbox"/> Left											
				<input type="checkbox"/> Right <input type="checkbox"/> Left											
				Clinic Blood Pressure Reading*:											
				/											
				Irregular pulse detected? <input type="checkbox"/> Yes											
<b>ABPM - fitting</b>				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):															
<b>ABPM - Follow up</b>				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**

- Patient is asymptomatic
- Patient is experiencing dizziness, nausea or fatigue - referral to GP (for follow up within 3 weeks)
- Patient is experiencing dizziness, nausea or fatigue and believed to be at risk - referral to GP (same day)
- Patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis - referral to GP (same day)
- Patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis - referral to A&E (same day)

**Normal BP**

- Clinic measurement
- ABPM measurement

**High BP**

- Clinic measurement and patient declined ABPM - referral to GP (follow up within 3 weeks)
- Clinic measurement and patient has not returned ABPM device - referral to GP (follow up within 3 weeks)
- ABPM measurement - referral to GP (follow up within 3 weeks)

**Very high BP**

- Clinic measurement - referral to GP (same day)
- Clinic measurement - referral to A&E (same day)
- ABPM measurement - referral to GP (same day)
- ABPM measurement - referral to A&E (same day)

**Other**

- Irregular pulse - referral to GP (same day)

**Healthy living advice provided**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Diet & nutrition | <input type="checkbox"/> Alcohol                                    | <input type="checkbox"/> Weight management |
| <input type="checkbox"/> Sodium/salt      | <input type="checkbox"/> Smoking                                    | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Caffeine         | <input type="checkbox"/> Referral to a local Healthy Living service |  |
- Service name: \_\_\_\_\_