PRIMARY CARE REFERRAL LETTER

PHARMACY INFORMATION

Pharmacist name:		Pharmacy phone / email:	
Pharmacy address:		Pharmacy logo/stamp:	

Date: ☐☐/☐☐/☐☐☐☐

Dear Dr _____

My name is _____ , and I am a community pharmacist participating in a health initiative focused on raising awareness of hypertension, supporting early detection, and promoting effective management within our community.

As part of this programme, we focus on identifying individuals who may have undiagnosed hypertension, poorly controlled blood pressure, and/or key risk factors such as diabetes, kidney disease, obesity, or tobacco use. Our assessment also includes individuals who are not responding adequately to current treatment or whose hypertension risk profile may require re-evaluation.

This letter is based on a recent consultation I had with our mutual patient after conducting a review of their current medication and their health history: _____
Patient name _____ Date of birth _____

During this encounter, we reviewed the patient's medication history and blood pressure readings taken at the pharmacy. This referral is being made with the patient's full consent and awareness.

Based on the pharmacy assessment attached (see pages 2 and 3), I'm referring this patient because:

- ☐ They may be at risk of developing hypertension
- ☐ Elevated blood pressure reading identified in pharmacy (add BP reading) _____
- ☐ Presence of multiple cardiovascular risk factors
- ☐ The patient has a known diagnosis of hypertension, but their condition appears to be poorly controlled.
- ☐ Other: _____

I provided the patient with an informative leaflet about hypertension and recommended that they consult their primary care provider. If necessary, I will follow up with the patient in _____ week(s) / _____ month(s) as required.

Thank you for your consideration and please do not hesitate to reach out to me directly if you require any additional clarification. I look forward to hearing from you.

Sincerely,
Your patient care partner,

Pharmacist signature: _____

BLOOD PRESSURE MEASUREMENT AT PHARMACY

- **Systolic:** _____ mmHg
- **Diastolic:** _____ mmHg
- **Measurement method:** Automated / Manual
- **Arm used:** Left / Right
- **Time of measurement:** Morning / Afternoon / Other: _____

SYMPTOMS

Symptoms observed during the consultation suggest the patient may be at increased risk of hypertension

- ☐ Headache (especially in the morning)
- ☐ Dizziness
- ☐ Blurred vision
- ☐ Palpitations
- ☐ Fatigue
- ☐ Nosebleeds
- ☐ No symptoms (screening only)
- ☐ Other:_____

RISK FACTORS

In addition to the symptoms identified above, the patient may be at an increased risk of hypertension due to the following risk factors:

- ☐ Family history of hypertension
- ☐ Overweight or obesity
- ☐ High salt intake
- ☐ Physical inactivity
- ☐ Tobacco use
- ☐ Alcohol use
- ☐ High stress
- ☐ Poor sleep
- ☐ Diabetes
- ☐ Chronic kidney disease
- ☐ Age (>60 years old)
- ☐ Dyslipidaemia
- ☐ Previous diagnosis of other heart-related conditions (e.g., ischaemic heart disease, cardiomyopathy, valvular heart disease, atrial fibrillation, heart failure)
- ☐ Use of medications that may raise blood pressure (e.g., NSAIDs, corticosteroids, oral contraceptives)
  Please specify which one(s):_____
  _____
- ☐ Other:_____

LIFESTYLE COUNSELLING PROVIDED

- ☐ Tobacco cessation
- ☐ Physical activity
- ☐ Alcohol intake
- ☐ Healthy eating
- ☐ Salt intake
- ☐ Monitoring weight
- ☐ Sleep health
- ☐ Stress management
- ☐ Importance of regular blood pressure monitoring
- ☐ Other:_____

ASSESSMENT OF CURRENT MEDICATION REGIMEN FOR OUR PATIENT DIAGNOSED WITH HYPERTENSION

Current documented hypertension medications include the following:

Medication (generic and brand)	Prescribed dose and schedule	Is the patient taking as prescribed?	If no, reason for non-adherence
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

RECOMMENDED ACTIONS FOR PRIMARY CARE FOLLOW-UP

- ☐ The patient may benefit from further evaluation for possible hypertension.
- ☐ Where a hypertension diagnosis is already established, a review of current control and treatment regimen could be helpful.
- ☐ It may also be valuable to assess for additional cardiovascular risk factors (e.g., lipids, glucose, kidney function), where appropriate.

ADDITIONAL NOTES:

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This tool is provided as part of a pharmacist-led hypertension awareness initiative and is not intended to replace clinical judgement

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fip ADVANCING PHARMACY WORLDWIDE

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