

PRIMARY CARE REFERRAL LETTER FOR UNCONTROLLED HYPERTENSION

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 uncontrolled hypertension, 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:

☐ The patient has a known diagnosis of hypertension, but their condition appears to be uncontrolled.

☐ Elevated blood pressure reading identified in pharmacy (add BP reading)

☐ Presence of multiple cardiovascular risk factors

☐ 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) | ☐ Fatigue |
| ☐ Dizziness | ☐ Nosebleeds |
| ☐ Blurred vision | ☐ No symptoms (screening only) |
| ☐ Palpitations | ☐ 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 | ☐ Age (>60 years old) |
| ☐ Overweight or obesity | ☐ Dyslipidaemia |
| ☐ High salt intake | ☐ Previous diagnosis of other heart-related conditions (e.g., ischaemic heart disease, cardiomyopathy, valvular heart disease, atrial fibrillation, heart failure) |
| ☐ Physical inactivity | ☐ Use of medications that may raise blood pressure (e.g., NSAIDs, corticosteroids, oral contraceptives)
Please specify which one(s): _____ |
| ☐ Tobacco use | ☐ Other: _____ |
| ☐ Alcohol use | |
| ☐ High stress | |
| ☐ Poor sleep | |
| ☐ Diabetes | |
| ☐ Chronic kidney disease | |

LIFESTYLE COUNSELLING PROVIDED

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

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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