

CLIENT CONSULTATION FORM

SOUTH EASTERN HYPERTENSION DETECTION SERVICE

FORM B

CONSENT

CLIENT IDENTIFICATION NUMBER:

- I consent to the pharmacy:
 - Screening me for High Blood Pressure (Hypertension) and storing my information securely in the pharmacy.
 - Providing me with lifestyle advice/leaflets to improve my health.
- I have read and understood the privacy notice provided for clients.
- I understand that anonymised details of this consultation will be shared with the Health and Social Care Board (HSCB), Public Health Agency (PHA) and South Eastern Integrated Care Partnerships (ICPs) for the purpose of evaluation and audit.

Client Name

Client Telephone Number:

Date.....

Signature

INITIAL CONSULTATION - COMPLETED BY..... DATE.....

Blood pressure measurement:

Arm (left/right)..... Clinic BP

Follow up actions:

- BP normal (both systolic BP 90-139 and diastolic BP 60-89mmHg)-Leaflets/ Lifestyle advice given as appropriate.
- BP raised (either systolic BP 140-179 or diastolic BP 90-109mmHg) – Lifestyle advice given/signposting to community services by pharmacist as appropriate. Appointment made to recheck Blood Pressure at pharmacy in one week.
- BP very low with symptoms (either systolic BP <90 or diastolic BP <60mmHg) - GP Practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.
- BP very high (either systolic BP ≥180 or diastolic BP ≥110mmHg) – GP Practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.
- Atrial fibrillation detected – GP practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.

FOLLOW UP CONSULTATION - COMPLETED BY..... DATE.....

Blood pressure measurement:

Arm same as previous (left/right) Clinic BP.....

Follow up actions:

- BP normal (both systolic BP 90-139 and diastolic BP 60-89mmHg) - Leaflets given.
- BP raised (either systolic BP 140-179 or diastolic BP 90-109mmHg) – Home Blood Pressure Monitoring offered.
- BP very low with symptoms (either systolic BP <90 or diastolic BP <60mmHg) – GP practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.
- BP very high (either systolic BP ≥ 180 or diastolic BP ≥ 110 mmHg) – GP practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.

HBPM RESULTS CONSULTATION - COMPLETED BY..... DATE.....

Average blood pressure reading:**Follow up actions:**

- BP normal after HBPM (both systolic average ≤ 134 and diastolic average ≤ 84 mmHg) - Leaflets given.
- BP raised (either systolic BP ≥ 135 or diastolic BP ≥ 85 mmHg) – GP practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.