

MONTH SUBMITTED: \_\_\_\_\_

COMPLETE			FIRST CONSULTATION			DECLINED 2ND	SECOND CONSULTATION			DECLINED HBPM	HPBM		ACTIONS TAKEN		
Client ID	Gender (M/F)	Age (YRS)	CLINIC BP RECORDED				CLINIC BP RECORDED				AVERAGE BP		GP practice Self-Referral Letter C Given (Y/N)	Lifestyle Advice/ Leaflets Given (Y/N)	Community / Pharmacy Services Recommended (Y/N)
			SYSTOLIC (mmHg)	DIASTOLIC (mmHg)	AF DETECTED (Y/N)		SYSTOLIC (mmHg)	DIASTOLIC (mmHg)	AF DETECTED (Y/N)		SYSTOLIC (mmHg)	DIASTOLIC (mmHg)			

Please return on a monthly basis to the your Practice Support Manager, Integrated Care Dept, HSCB

PHARMACY NAME:

PHARMACY CONTRACTOR NUMBER:

PHARMACY ADDRESS: