Lothian University Hospitals NHS Trust

Direct Access Ambulatory Blood Pressure Request

Metabolic Unit, Anne Ferguson Building, Western General Hospital
Crewe Road, Edinburgh, EH4 2XU

Please Post this Form to address above

(Please do not send patients to the Unit with this form)

This form can be photocopied or further copies can be obtained from website - http://www.hbpf.org.uk

PATIENT DETAILS

Surname _____

Forename _____

Address _____

_____

_____ Post code _____

Tel. No. _____

Appointments are arranged by telephone please give daytime contact number

DoB _____

GP DETAILS (or stamp)

Name _____

Address _____

_____

Tel. No. _____

Fax No. _____

Date of referral _____

Most recent blood pressure:

Patient Information Leaflet Given Yes ☐ No ☐

Is the patient available to attend within three weeks Yes ☐ No ☐

Please indicate how this patient might have been treated if this service was not available. (Tick one box only)

- ☐ **Non-pharmacological measures. Please specify:**
- ☐ **Commence drug therapy. Please give details:**
- ☐ **Change drug therapy. Please give details:**
- ☐ **Referral to hospital clinic.**
- ☐ **Other. Please specify:**

CURRENT MEDICATION (*Please ask patient to bring ALL current medication to unit*)

Please tick one or more

- Thiazide diuretic / combination (e.g. **Bendrofluazide / Moduretic**) ☐
- Loop diuretic / combination (e.g. **Frusemide / Frumil**) ☐
- Beta blocker (e.g. **Atenolol**) ☐
- ACE inhibitor (e.g. **Lisinopril**) ☐
- Calcium channel blocker (e.g. **Amlodipine**) ☐
- Alpha blocker (e.g. **Doxazosin**) ☐
- Angiotensin II receptor blocker (e.g. **Losartan**) ☐

- **Others:** (please name) _____

_____

_____

DRUGS PREVIOUSLY REJECTED IN TREATMENT OF HYPERTENSION

Drug:	Reason Discontinued :

Any Evidence of Vascular Disease Yes / No (If yes elaborate) _____

_____

OTHER RELEVANT CLINICAL INFORMATION

_____

_____

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