

**GP REQUEST**

**REQUEST FOR 24HR AMBULATORY BLOOD PRESSURE MEASUREMENT**

**GP DETAILS:**

REQUESTING GP: …………………………………………………

ADDRESS: …………………………………………………………….

……………………………………………………………………………..

TELEPHONE NUMBER: ………………………………………….

PLEASE NOTE REPORT WILL BE SENT TO ADDRESS ABOVE

**PATIENT DETAILS:**

NHS number ………………………………………………………..

NAME: …………………………………………………………………

D.O.B: …………………………..

ADDRESS: …………………………………………………………….

…………………………………………………………………………….

**Reason for test or test indication**

1. Is hypertension / hypotension present?
2. Efficiancy of treatment?
3. Are symptoms due to BP level?

**Recent BP mmHg**

**Symptoms - …………………………………………………………………………………………………………………**

**Medication on day of test - …………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………**

**Please note it is a computer generated report that will be sent back. It is not reported on by a cardiologist.**