Ambulatory Blood Pressure Monitoring

KINGSBRIDGE Private Hospital ★★★★★

Patient ref number

WLI number

Referrers are required to complete sections 1-3 accurately and legibly. Inadequately completed forms will not be accepted.

1. Patient Details

Title | Forename | Surname

DOB | Gender ☑ Male ☐ Female

Address | Postcode

Tel (Home) | Tel (Mobile)

Patient Identification - For Kingsbridge Private Hospital use only.

I have confirmed the above patient's name, address and DOB. Signed

☐ Verified by patient | If another/status | Signed

Referring Clinician (print name) | Signature | Date

Address | Postcode

Email | Tel (Mobile)

2. Clinical Details

Height (cm)

Weight (kg)

☐ Diuretic ☐ Beta Blocker

☐ ACE Inhibitor ☐ Alpha Blocker

☐ Other:

Duration of hypertension months

☐ Left ventricular heart failure

☐ Family history

☐ Previous myocardial infraction

☐ ECG

☐ Echocardiogram

Smoker

☐ Non

☐ Ex

☐ Current/Number per day

3. Reason for 24 hour assessment

☐ Hypertension ☐ Hypotension ☐ Poorly controlled ☐ White coat response

☐ Other

CP (Print Name) | Signature

Date device fitted | Date device due back

Please send completed form by post or email to:
Kingsbridge Private Hospital North West, Church, Hill House, Main Street, Ballykelly, BT49 9HS
T: +44 (0) 28 7776 3090 | E: infonw@kingsbridgehealthcaregroup.com | kingsbridgeprivatehospital.com

BP Ambulatory