**Insert name, address and logo here**

Dear Health Care Provider:

We have referred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to your office as a result of high blood

pressure readings taken on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. After s/he rested for at least five minutes,

we obtained a blood pressure of \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_. We have advised her/him to seek medical

attention as soon as possible.

Attached is a table listing all blood pressure taken in the recent past.

Sincerely, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Systolic Blood Pressure Diastolic Blood Pressure

Below are the criteria for referrals:

* **Normal BP range:** 
  + Systolic Blood Pressure (SBP): **90-120** mmHg
  + Diastolic Blood Pressure (DBP): **60-80** mmHg
* **Hypotension**: Refer to PCP if:
  + SBP less than or equal to **90** mmHg
  + DBP less than or equal to **60** mmHg
  + **WITH NO** symptoms: headache, dizziness, fainting
  + **WITH** symptoms, refer to emergency care immediately
* **Hypertension**: Refer to PCP if:
  + SBP greater than or equal to **140** mmHg
  + DBP greater than or equal to **90** mmHg
  + If diabetic, BP’s greater than or equal to 130/80 mmHg
* **Hypertensive Crisis**
  + SBP greater than or equal to **180** mmHg **OR**
  + DBP greater than or equal to **110** mmHg
  + Refer to PCP within 24 hours if asymptomatic

Refer to ER if symptomatic: headache, dizziness, short of breath, anxiety etc.