**Referral for 24-Hour Ambulatory Blood Pressure Monitoring (ABPM)**

**\*\*\* Fax completed form to 804-355-1639 \*\*\***

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number**: ( ) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**Provider Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Office Number**: ( ) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the patient have an elevated BP reading without a diagnosis of hypertension?**

🞏 YES (ICD-10 R03.0) 🞏 NO

**Please select an Indication for ABPM (*provider only*):**

🞏 White Coat Hypertension (home BP *normal*, clinic BP *elevated*)

🞏 Check here if there’s evidence of end-organ damage (heart, brain, eyes, kidneys)

🞏 Masked Hypertension (home BP *elevated*, clinic BP *normal*)

🞏 Sustained Hypertension (home BP and clinic BP *elevated*)

🞏 Resistant Hypertension (clinic BP *elevated* despite >3 BP medications)

🞏 Initial Hypertension Diagnosis but no concern for white coat or masked hypertension

🞏 Symptoms of Hypotension while on BP medication(s)

**What is your preferred BP goal?** 🞏 <130/80 mmHg 🞏 <140/90 mmHg 🞏 Other: \_\_\_\_\_\_\_\_

**Please document the LAST THREE office blood pressures:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date:** | **Date:** | **Date:** |
| **Blood Pressure** |  |  |  |

There will be a **$50 fee** associated with this service. This will be due at the initial visit to the pharmacy.



2024 Staples Mill Road

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