



Phone 614-362-8542
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670 Meridian Way
Suite 274
Westerville, Ohio 43082

Referral Form

Patient Name: _____

DOB: _____ **Telephone number** _____

Referring clinician: _____

Date: _____ **Telephone number** _____

Fax number _____

REASON FOR REFERRAL

- Blood pressure management - uncontrolled or new diagnosis of hypertension
- Evaluation for secondary hypertension
- Reinforce lifestyle modification for hypertension control.
- Other: _____

Please send the following to assist with continuity of care;

_____ *Most recent clinical encounters (3) with vitals (BP and pulse)*

_____ *Medication list*

_____ *Problem list*

_____ *Most recent labs (BMP and urinalysis if available)*

Thank you for trusting PressureMD to participate in the care of your patient.