

Blood pressure testing service

It's easy and it's free – just make an appointment at the Pharmacy, complete this form and bring it along with you.

Doctor's name: _____

Surgery: _____

Your name (please print): _____

Your address: _____

Telephone number: _____

Do you currently take any medication for your blood pressure?

Yes/No

If yes, please list the medicines you take:

I would like to have a free blood pressure test and demonstration of how I would benefit from using a blood pressure monitor at home.
I understand I am under no obligation to buy a blood pressure monitor.
I agree to the results of my test being shared with my doctor if necessary.

SIGNED: _____

DATE: _____

Pharmacy stamp