



Children's  
of Alabama

## HYPERTENSION CLINIC REFERRAL

Phone 205-638-9781 Fax 205-638-2517

**PLEASE NOTE:**

**WE REQUIRE 3 ELEVATED BP READINGS FROM 3 SEPARATE NON SICK VISITS**

Date of referral: \_\_\_\_\_  
Referring physician: \_\_\_\_\_  
Referring office number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Patient demographics**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Height Percentile: \_\_\_\_\_ Weight: \_\_\_\_\_ kg BMI: \_\_\_\_\_

BP reading 1 \_\_\_\_\_ Date: \_\_\_\_\_ digital or aneroid

BP reading 2 \_\_\_\_\_ Date: \_\_\_\_\_ digital or aneroid

BP reading 3 \_\_\_\_\_ Date: \_\_\_\_\_ digital or aneroid

**Patient history:**

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**PLEASE ATTACH ANY LABS AND DIAGNOSTIC TESTING REPORTS.**

We will contact your office by fax to inform you of scheduled appointment.

**IF MEDICALLY URGENT/EMERGENT APPOINTMENT NEEDED PLEASE CALL THE DIVISION OF NEPHROLOGY AND HYPERTENSION, 205-638-9781, AND ASK TO SPEAK TO THE ON-CALL PHYSICIAN.**