

# Accutrackers Referral Record



SURNAME:.....	UR NO.....
GIVEN NAME: .....	DOB: .....
ADDRESS: .....	
.....	

Contact Phone number: .....

Height: ..... Weight: .....

Diagnosis: .....

Reason for ABPM: please tick one:

- hypertension       Transplant       CRF       Study Control
- other (please state): .....

Baseline BP \_\_\_\_\_

Change blood pressure parameters (please state) \_\_\_\_\_ AM \_\_\_\_\_ PM  
*Default (AM = 20mins) (PM = 60 mins)*

Current medications (relevant to study)  
.....  
.....

DOCTOR: \_\_\_\_\_ (Please print)

## NURSING RECORD

95<sup>th</sup> percentile for age (2<sup>nd</sup> task force) \_\_\_\_\_  
Dynamap BP at time of commencing study \_\_\_\_\_  
Date & time study commenced \_\_\_\_\_  
Sleep time \_\_\_\_\_  
Wake time \_\_\_\_\_

Any significant events during the 24hr period of study (eg: upset, headache)  
.....  
.....  
.....

RN: \_\_\_\_\_

24 hour ambulatory blood pressure monitoring referral  
Nephrology – 9345 5054 – Facsimile: 9345 5611