

## HYPERTENSION FOLLOW UP SCRIPT

(PATIENT NAME) we are working with some of our patients with special medical conditions to help improve their overall health. Right now we are focusing on hypertension and you are taking medications for this. Would you have a couple of minutes to answer a few questions so our pharmacy team can review your condition currently?

IF "NO": Would it be more convenient if we call you at home or do it at your next visit?

<COMPLETE THE FORM> At QUESTION 4, offer to take their blood pressure NOW if they would like.

Thank you for your time! Every three months we will want to follow up with you to see if anything has changed. Also, please know that we are available at any time to take your blood pressure and monitor it for you.

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