

Johns Hopkins Hypertension Center

New Patient Referral

Referring Physician:	Patient name:
Date of request:	Date of birth:
	J.H.H. History #:

Service requested:

- Consultation with hypertension specialist physician**
Comprehensive evaluation for diagnosis and/or management of hypertension
Please provide a recent clinic note and any laboratory or imaging results that you feel are relevant to the patient's problem.
- Ambulatory blood pressure monitoring only**
Report sent to referring physician without discussion with the patient

Please briefly describe the reason for referral (check all that apply):

- Uncontrolled blood pressure despite therapy
- Suspicion of secondary cause of hypertension (e.g. renal artery stenosis, hyperaldosteronism, pheochromocytoma, etc.)
- Labile blood pressure and/or discrepancies between readings in office and elsewhere
- Intolerance to antihypertensive medication
- Other: Please specify below.

FOR APPOINTMENT SCHEDULING: Please fax a referral (including recent office notes, demographic and insurance information) to 410-367-2185 for medical review. This process can take 7-10 business days and once approved, our office will reach out directly to the patient to schedule.

OFFICE PHONE NUMBER: 410-955-7611

FAX NUMBER: 410-367-2185