

GP Enrolment Form

St John Telehealth Pilot



Hato Hone
St John

Inclusion criteria (please tick below where applicable):

Required

<input type="checkbox"/>	Of Māori/Pasifika descent
<input type="checkbox"/>	Aged ≥ 18 years
<input type="checkbox"/>	Uncontrolled hypertension (>140/90)
<input type="checkbox"/>	Have a current prescription of antihypertensive medication

Optional

<input type="checkbox"/>	Concern around medication compliance contributing to hypertension
<input type="checkbox"/>	Disconnected from primary care, does not have regular contact
<input type="checkbox"/>	Has known access challenges (such as transport/distance/financial barriers)

Exclusions

<input type="checkbox"/>	A blood pressure consistently higher than 180/110mm Hg (stage 3 hypertension requires more urgent intervention than would be available in the trial)
<input type="checkbox"/>	Prescribed more than three antihypertensive medications (i.e. resistant hypertension)
<input type="checkbox"/>	Chronic kidney disease (CKD) stage 4–5 or CKD stage 3 not managed by the GP (likely to be under specialist care and requiring different BP targets)
<input type="checkbox"/>	Terminal disease or other condition which in the opinion of the GP makes them inappropriate to take part
<input type="checkbox"/>	Pregnant or breastfeeding
<input type="checkbox"/>	Postural hypotension (>20mm Hg systolic drop after 1 min standing) for whom intensification of BP medication may be inappropriate
<input type="checkbox"/>	Atrial fibrillation (self-monitoring with oscillometric equipment not suitable)
<input type="checkbox"/>	Acute cardiovascular event in the previous 3 months e.g. MI, stroke

Participant Information

Full name:

Preferred name:

Physical address:

Postal address if different from above:

Landline number:

Personal email:

Date of birth: (DD/MM/YYYY)

Mobile number:

Gender:

Male Female Other/Prefer Not to Say

Do you have a medical alarm?

Yes No

Iwi/Pacific ethnicity (if applicable):

1.

2.

3.



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Medical Information

Have you discussed this with your patient? Yes No

NHI: General practice: General practice address:

GP name: GP contact number:

GP email address:

Relevant medical conditions: *(list or please attach)*

Long term medications – List medications and frequency: *(list or please attach)*

Usual blood pressure: Blood pressure goal: *(if different to 140/90)*

Once completed, please email to: telehealth@stjohn.org.nz

If you have the patient's blood test results (within last 3 months) available, please send through a copy as well.

OR