

Appendix 4.6

Patient Invitation Letter

Practice Letterhead

Date

Dear [patient name],

High blood pressure (hypertension) can lead to serious health problems, including heart disease, stroke, kidney disease, and Alzheimer's disease. Measuring blood pressure regularly, being aware of other risk factors for heart disease and stroke, and taking action to diminish their effect is important, especially for older adults.

I am writing to invite you to take part in a Cardiovascular Health Awareness Program (CHAP) by attending **at least one and preferably more blood pressure measurement sessions** offered free of charge in [community]. If your blood pressure readings are high at these visits, you may be asked to come back again. You are welcome to attend as often as you like.

The session dates, times and locations, are listed on the reverse side of this letter.

At the sessions, a trained volunteer will help you measure your blood pressure using an automated blood pressure measuring device and record your results.

At your first visit, the volunteer will help you to complete a heart and stroke risk factor checklist. Volunteers will also provide information about blood pressure and cardiovascular disease and, if you are interested, about local programs or resources. In addition, CHAP may link you with the Ontario pharmacy program, MedsCheck, and potentially provide internet access and support for you to make an action plan to improve your overall health. **Your visit will take about 30-35 minutes the first time and additional visits will take about 15 minutes.**

You will receive a copy of your results to take home. **With your permission, I will receive a copy of your results.** An on-call nurse will notify me if your blood pressure reading is very high or low. You can also talk to your regular pharmacist or the pharmacist at the session if you have questions about your blood pressure or medications. If you have any questions or concerns about your blood pressure at any time, you can come see me.

You are under no obligation to participate. The care you receive from me, your pharmacist, or any other health care provider will not be affected if you choose not to attend.

You do not need to make an appointment to attend the sessions. If you have questions about the program, please call [name], the local CHAP coordinator for [community], at [number].

Sincerely,

[Doctor's signature]

[Doctor's name], M.D.

**Please turn over for
CHAP schedule →**