Date: [Insert Date]

To: [Consultant Name/Cardiology Department]
From: [Referring Physician Name]
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Subject: Referral for Refractory Hypertension Evaluation

Dear Dr. [Consultant Last Name],

I am referring this patient for a formal cardiology consultation regarding refractory hypertension. Despite adherence to a multi-drug regimen, the patient's blood pressure remains consistently above target goals.

Current Clinical Status:

- **Current Average BP:** [e.g., 165/105 mmHg]
- **Duration of Hypertension:** [Insert Years/Months]
- **Current Medications:** [List medications, dosages, and frequency, including diuretics]
- **Failed Medications:** [List previous trials and reasons for discontinuation, e.g., side effects]

Diagnostic Workup to Date:

- **Laboratory Results:** [Creatinine, Potassium, Lipid Profile, HbA1c]
- **Imaging:** [e.g., Renal Ultrasound, Echocardiogram results if available]
- **Co-morbidities:** [e.g., CKD, Diabetes, OSA, Obesity]

Clinical Concerns:

I am requesting your expertise to evaluate for secondary causes of hypertension (such as renal artery stenosis or hyperaldosteronism) and to optimize the pharmacological management. The patient reports compliance with medications and a low-sodium diet.

Thank you for your assistance in managing this high-risk patient. Please find the attached recent laboratory results and clinical notes.

Sincerely,

[Doctor Signature]
[Doctor Name Printed]
[Clinic Name/Contact Information]