Date: [Date]

To: [Consultant/Specialist Name]
Department: [Department Name, e.g., Maternal-Fetal Medicine]
Facility: [Facility Name]

RE: Consultation for Chronic Hypertension in Pregnancy
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Gestation: [Number of Weeks] weeks [Number of Days] days
EDD: [Estimated Date of Delivery]

Dear Dr. [Specialist Last Name],

I am referring this patient to you for specialist consultation and co-management regarding chronic hypertension during her current pregnancy.

Clinical History:
The patient has a known history of hypertension pre-dating this pregnancy for [Number] years. Her baseline blood pressure is typically [Baseline BP]. Her current medications include [List Medications and Dosages].

Current Pregnancy Status:
To date, her blood pressures in clinic have ranged from [Range]. Recent laboratory work shows:

- Proteinuria: [Result]
- Serum Creatinine: [Result]
- AST/ALT: [Results]
- Platelets: [Result]

Specific Concerns:
[Note any specific concerns, such as fetal growth restriction, medication adjustment, or signs of superimposed preeclampsia].

Requested Consultation:
I would appreciate your expert assessment regarding:

- Optimization of antihypertensive therapy.
- Recommended frequency of growth ultrasounds and antenatal testing.
- Timing and mode of delivery.
- Monitoring for superimposed preeclampsia.

Thank you for your assistance in the care of this patient. I look forward to receiving your consultation report.

Sincerely,

[Your Name/Signature]
[Your Title]
[Contact Information]