

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

Patient Name: [Patient Full Name]
Date of Consultation: [Date of Visit]

Dear [Patient Name],

Thank you for participating in our telehealth consultation today. This letter summarizes our discussion regarding your hypertension (high blood pressure) management plan.

1. Vital Signs Recorded

- Home Blood Pressure Reading: [Reading, e.g., 145/92] mmHg
- Heart Rate: [BPM]

2. Medication Plan

Current Medications/Changes:

- [Medication Name]: [Dosage] - [Frequency] (e.g., Take one tablet daily in the morning)
- [New Medication/Change instructions if applicable]

3. Lifestyle Recommendations

- **Diet:** Follow the DASH diet (low sodium, high fruits/vegetables). Limit salt intake to less than 2,300mg per day.
- **Activity:** Aim for 30 minutes of moderate aerobic activity most days of the week.
- **Monitoring:** Please continue to log your blood pressure twice daily (morning and evening).

4. Next Steps

- Complete scheduled lab work: [List Labs, e.g., BMP, Urinalysis] by [Date].
- Follow-up telehealth appointment scheduled for: [Date and Time].

Warning Signs: If you experience severe chest pain, sudden shortness of breath, severe headache, or vision changes, please call 911 or go to the nearest emergency room immediately.

If you have any questions regarding this plan, please contact our office at [Phone Number].

Sincerely,

[Provider Name]
[Provider Title]