

# Hypertension Risk Factor Assessment Results

Date: [Insert Date]

From: [Your Name]

To: [Patient's Name]

Address: [Patient's Address]

**Dear [Patient's Name],**

We are writing to share the results of your recent hypertension risk factor assessment conducted on [assessment date]. Your health is our priority, and we want to ensure you are informed about your cardiovascular health status.

## **Assessment Summary:**

- **Blood Pressure:** [Insert BP Reading]
- **Heart Rate:** [Insert Heart Rate]
- **Weight:** [Insert Weight]
- **Body Mass Index (BMI):** [Insert BMI]
- **Cholesterol Level:** [Insert Cholesterol Level]

## **Risk Factors Identified:**

- [List Risk Factor 1]
- [List Risk Factor 2]
- [List Risk Factor 3]

## **Recommendations:**

To help manage your hypertension risk, we recommend the following:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

Please feel free to contact our office if you have any questions or need further assistance.

**Sincerely,**

[Your Name]

[Your Title]

[Your Contact Information]