YMCA Name: ______________________
Program Site: ______________________

BLOOD PRESSURE SELF–MONITORING

ENROLLMENT FORM

Today's Date: / /

First name:	**Last name:**
Phone #: - -	**Email:**

Preferred contact method: ☐ phone ☐ email ☐ text

Gender: ☐ Male ☐ Female ☐ Prefer not to answer	**Date of birth:** / /
Have you ever been diagnosed with high blood pressure/hypertension?	☐ Yes ☐ No
Are you currently taking prescription medication to control or manage your high blood pressure?	☐ Yes ☐ No
Were you diagnosed in the *last 12 months* with high blood pressure/hypertension?	☐ Yes ☐ No
Do you have a home blood pressure cuff?	☐ Yes ☐ No

How did you hear about this program?

☐ Y staff member or volunteer
☐ A friend or family member or word of mouth
☐ A doctor or other health care professional
☐ A direct mailing/e-mail communication
☐ A poster, flyer or event at the Y
☐ The Y's web site
☐ Media (TV, web, radio, print, etc.)
☐ Other (please specify):

Are you a member of the Y? ☐ Yes ☐ No

Are you Hispanic, Latino(a), or Spanish origin? ☐ Yes ☐ No ☐ Prefer not to answer

What is your race:

☐ White or Caucasian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Other (please specify):
☐ Prefer not to answer

What is your highest level of education:

☐ Less than high school
☐ High school diploma or equivalency (GED)
☐ Associate degree (junior college)
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate
☐ Professional (MD, JD, DDS, etc.)
☐ Other (please specify):

For Y Staff: Baseline Data

Initial BP Measurement:

Systolic BP		Diastolic BP		Arm	☐ Right ☐ Left

Measurement taken by:

HIPAA form received:	☐ Yes	Informed Consent form received:	☐ Yes	Auth for Release of Information to Health Care Provider form received:	☐ Yes ☐ No	Program fee that participant paid:	$