



Self-Monitoring Blood Pressure Agreement

Name: _____ Date of Birth: _____

You are being given a home blood pressure monitor so you can check your blood pressure at home. You are eligible to receive this monitor because you have been diagnosed with:

- Stage 2 hypertension

Self-Monitoring Agreement

_____ I agree to measure and record my blood pressure following proper monitoring techniques as demonstrated in the pictorial directions provided

- Daily for the first five days
- Every other day for days 6-30
- Weekly for months 2-4
- Two times per month for months 5-12

_____ I agree to my Health Coach contacting me on a regular basis and adding the clinic number to my cell phone contact list so not to miss the contact attempt.

_____ I agree to bring my blood pressure monitor and log to all my medical appointments

_____ I agree to contact my doctor @ _____, if I have any symptoms or questions related to my blood pressure.

_____ I agree to contact my doctor at the above phone number if my blood pressure is

Consistently higher than _____ OR

Consistently lower than _____

_____ I agree to contact my doctor immediately if my blood pressure is 180/110 or higher.

Patient's Signature: _____ Date: _____

Alabama WISEWOMAN: _____ Date: _____