HOME BLOOD PRESSURE MONITORING

Name: _____ Date of Birth_____

You are being given a home blood pressure monitor so you check your blood pressure at home. You are eligible to receive this monitor because you meet one of the following conditions:

- You have been diagnosed with Stage 2 hypertension (Systolic Pressure "top number"160 or higher, or diastolic pressure "bottom number" 100 or higher).
- You take 2 or more medications for blood pressure control.
- You have been diagnosed with Stage 1 Hypertension (Systolic Pressure 140-159 or diastolic pressure 90-99) **AND** are taking a lipid lowering agent to control cholesterol.

Self Blood Pressure Monitoring Instructions

- Take your blood pressure (BP) at least 1 time per day in each arm, or as recommended by your doctor.
- Sit with your back straight and supported and your feet flat on the floor.
- Your arm should be supported on a flat surface with the upper arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery (about ½ an inch above your elbow joint. See diagram in BP monitor instruction booklet – (page 6, Figure D and E).
- Each time you measure your BP, take a reading in each arm, one minute apart, and record all the results.
- The blood pressure cuff should fit comfortably on your arm. If the blood pressure cuff is too small, it can cause the blood pressure reading to be higher than it actually is.

HOME BLOOD PRESSURE SELF MANAGEMENT AGREEMENT

- I agree to check my blood pressure at least 1 time per day in each arm, and write it on my blood pressure tracker for the purpose of getting to my blood pressure goal which is _____/_____.
- I agree to bring my blood pressure tracker to all of my doctor's appointments.
- I agree to contact my doctor at (phone #) _____ 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 160/100, or lower than 100/70 with symptoms of feeling lightheaded or dizzy.
- If my BP is 180/110 or higher, I agree to contact my doctor immediately at the above phone number.

Patient's Signature: _____ Date: _____

Organization Representative: _____ Date: _____