

WISEWOMAN SMBP PATIENT PARTICIPATION AGREEMENT (WHITE)

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**PATIENT PARTICIPATION AGREEMENT**

LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB (MM/DD/YYYY)
BLOOD PRESSURE DEVICE SERIAL NUMBER			
SIGNATURE			SIGNATURE DATE (MM/DD/YYYY)

I AGREE TO:

1. Participate in the self-monitoring blood pressure program.
2. Take my blood pressure using the monitor provided to me and as directed.
3. Record my blood pressure readings as indicated below.
4. Report my blood pressure readings to my clinic as instructed below.
5. Contact my clinic right away if my blood pressure reading is more than _____.

INSTRUCTIONS

1. Take blood pressure twice, two times a day; two measurements one minute apart in the morning and two measurements one minute apart every evening.
2. Take blood pressure readings for _____ Days.
Alternatively, _____

3. Record blood pressure readings in a log/write down.
4. Report blood pressure measurements to the clinic by (check one):
 - ☐ Telephone
 - ☐ Take blood pressure machine/log to the office for review
 - ☐ Provide blood pressure readings through the patient portal/secure computer messaging

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