



eliminating racism
empowering women
ywca

Dubuque Community YMCA/YWCA
Program Site: _____

BLOOD PRESSURE SELF-MONITORING PROGRAM 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 the 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 Y member? Yes No

Have you participated in any of the following Y Community Health Programs?

- Enhance® Fitness
- YMCA's Diabetes Prevention Program

What is your race:

- White or Caucasian
- Black or African American
- Hispanic, Latino(a), or Spanish origin
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian
- Prefer not to answer
- Other (please specify)

FOR Y STAFF: BASELINE DATA

Initial BP Measurement:

Systolic BP: _____ Diastolic BP: _____ Arm: Right Left

Measurement taken by: _____ Date Measured: _____

HIPAA form received: Yes Informed Consent form received: Yes Program fee paid: Yes

SUBMIT FORM