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?

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

Have you participated in any of the following Y programs?

- ☐ LIVE**STRONG®** at the YMCA
- ☐ EnhanceFitness®
- ☐ YMCA's Diabetes Prevention Program
- ☐ Moving For Better Balance
- ☐ None

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

For Y Staff: Baseline Data

Initial BP Measurement:

Systolic BP _____ Diastolic BP _____ Arm ☐ Right ☐ Left

Measurement taken by:

HIPAA form received ☐ Yes Program fee that participant paid: $