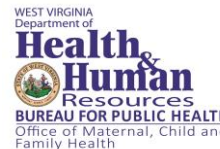




# WEST VIRGINIA WISEWOMAN Hypertension Self-Monitoring Module Agreement



I understand that I have been diagnosed with hypertension (high blood pressure). After a discussion with my provider, I have been offered the option of participating in the West Virginia WISEWOMAN Hypertension Self-Monitoring Module.

As a participant in the Hypertension Self-Monitoring Module, I understand that:

- The WISEWOMAN Program will supply me with a digital blood pressure monitor, log book and medication holder to use at home to check and record my blood pressure.
- I will be trained to use the monitor and log my readings. I agree to follow the instructions provided to me by my clinic.
- I agree to take my blood pressure twice each day and record it in my log book and share that information with my clinic and the WISEWOMAN Program.
- I understand that taking my medication as directed is very important in order for me to gain and maintain control of my blood pressure.
- I should contact my clinic if I have a blood pressure reading above 140/90.
- If I have a blood pressure reading of 180/110 or above, I should immediately seek attention from a health care provider.
- If I am referred to other health care professionals, such as a pharmacist or a nutritionist, I agree to attend my appointments.
- I will be contacted by my clinic to discuss my progress and I will do my best to participate in all of the conversations.

I release my clinic from any claim arising or resulting from or relating in any way to my use of the blood pressure monitor provided to me, the result of my blood pressure monitoring or my participation in the Hypertension Self-Monitoring Module.

- I have been offered the option to participate in the Hypertension Self-Monitoring Module, and I choose to decline participation at this time.
- I have been offered the option to participate in the Hypertension Self-Monitoring Module, and I choose to participate.

Participant Name (Printed)	Staff Name (Printed)		
Participant Signature	Staff Signature		
Social Security Number	Date		
Mailing Address	City	State	Zip Code

**Fax this completed form to:  
West Virginia WISEWOMAN Program  
FAX: 304-558-7164**