**WISEWOMAN CLIENT HOME BLOOD PRESSURE MONITORING AGREEMENT**

The Wisconsin WISEWOMAN Program is providing you with a blood pressure monitoring kit at no charge. The monitor will help you track your blood pressure over the course of time in order to get your blood pressure under control. By accepting the Blood Pressure Home Monitor, you must understand and agree to the following.

1. **I will be expected to**:
2. Be instructed on how to use the monitor and the proper techniques for taking my blood pressure at home
3. Take my blood pressure at home as directed by my health care provider
4. Record all of my blood pressure readings
5. Share all of my blood pressure readings with my health care provider.
6. Come to all follow-up office visits and/or blood pressure management health coaching sessions
7. Follow healthy eating and physical activity recommendations
8. Stop or reduce my use of tobacco products if I currently smoke
9. Keep the blood pressure monitor in a safe and secure place at home
10. Bring the monitor to my office visits to allow the provider to check it for accuracy
11. **I understand:**
12. That taking my blood pressure at home may help me get and keep my blood pressure under control
13. That all of my blood pressure readings will be shared with the WISEWOMAN provider and kept confidential
14. That my blood pressure readings will only be used for program administration and case management
15. That there is no cost to me for the Blood Pressure monitor
16. What I should do if my blood pressure reading(s) is too high or too low

I have read, understand, and agree to all of the items listed above,

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| **SIGNATURE** – Client | Date Signed | Client ID Number |
| **SIGNATURE** – WISEWOMAN Clinical Provider | Date Signed | Print Name of Provider |