

HEALTHY HEART AMBASSADOR PROGRAM Enrollment Form



Before completing enrollment, describe program to potential participant and assess interest and readiness to participate. With permission, complete the following.

Today's Date: _____ Coach Completing Enrollment: _____

Participant Name: _____ Participant Phone: _____

Participant Email: _____

Preferred Contact Method: Call Email Text App (if available)

How were you referred to the HHA Program?

Do you have a blood pressure monitor? Yes No

If the participant does not have a monitor, provide information on how to obtain a validated blood pressure monitor

The following questions must be answered "Yes" to participate:

Are you 18 years or older? Yes No

Have you ever been told you have high blood pressure, or are you on medication for high blood pressure? Yes No

The following questions must be answered "No" to participate:

Have you had a cardiac event in the past 12 months? Yes No

Have you had artrial fibrilations or other arrhythmias? Yes No

Do you have or are at risk for lymphodema? Yes No

If the participant is eligible, ask permission to take blood pressure today. Follow procedure for modeling blood pressure measurement.

Which arm does the participant prefer for measurement?

Time BP taken: _____ Systolic: _____ Diastolic: _____

Please check any of the following paperwork completed during enrollment:

HIPPA Form Informed Consent Communication Agreement

Authorization for Release of Information to Health Care

Other _____