Blood Pressure Data Collection Summary

Alaska Faith Community Nurse Resource Center at Providence

Faith Community: **RN:** **Date:**

Client Initials	√ if first time BP screen at church	If this is first time screen at church, when was last time prior that BP was taken?	√ if this is follow up BP screen At church	HX of Diabetes or Pre-diabetic Yes No	√ Category					Education	New Med or Meds Changed?	Medication Education	Referral
					Normal	Elevated	HTN I	HTN II	Hypertensive Crisis	A - BP info B - Diabetes C - Nutrition D - Exercise E - Stress Mgt. F - Smoking G – Weight H – Other_____ √ **If** BP tracking card provided	Yes No Use Blood Pressure Screening Individual Participant Record	A –Action B - Side effects C – Precautions D - Med card provided	A - To health care provider B- Assistance to find a provider C - Community resource / agency D- 911/ Urgent Care