

McLaren Print System Order

Order No: 76929  
Order Date: 2023-04-27  
User: Laura Love  
Phone: 989-894-3936

Ship Location: East Medical Mall Attn: Laura Love  
1454 W. Center Road  
Essexville, MI 48732

Forms

Quantity: 100  
Paragon Dept No: 79029  
Dept Name: Community Health Services  
Company Number: 210

Order Total Price: 18.95

Item Number: MHCC-634-BAY  
Item Description: Blood Pressure Screening Form - BAY  
Revision Date: 04/2023  
Print: 1 sided black and white  
Paper: 3 Part (White, Yellow, Pink)  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Poster:  
Misc Info:



Blood Pressure Screening

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender:  Male  Female

Name and Address of Your Primary Care Physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you want McLaren Bay Region to send your screening results to your physician?  Yes  No

Consent & Release of Liability:

I hereby consent to participate in the blood pressure screening. I release McLaren Bay Region, and any other organizations or healthcare personnel associated with this screening from any and all liability arising from or connected with this screening. I understand that the result(s) of this screening is preliminary only and does not substitute a diagnosis. I also understand the responsibility for initiating a follow-up examination to confirm the result(s) of this screening and for obtaining professional medical assistance in case of an emergency.

I have read the consent form and understand it. Any questions which may have occurred to me have been answered to my satisfaction. If important facts about my personal health should be found, I realize it is my responsibility to present this information to my personal physician.

I realize that my signature indicates that I have agreed to participate in this health screening.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Examination (to be completed by screening staff):

Blood Pressure Measurement:

Left Arm: \_\_\_\_\_ / \_\_\_\_\_ Systolic/Diastolic  
Right Arm: \_\_\_\_\_ / \_\_\_\_\_ Systolic/Diastolic

Results Classification:

Normal	Less than 120	and	Less than 80
Elevated	120 – 129	and	Less than 80
Hypertension Stage 1	130 – 139	or	80 – 89
Hypertension Stage 2	140 or higher	or	90 or higher
Hypertensive Crisis	Higher than 180	and/or	Higher than 120

Notes:

Screening staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spec Info: