

McLaren Print System Order

Order No: 82302
Order Date: 2024-01-12
User: Laura Love
Phone: 989-894-3936

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

Forms

Quantity: 500
Paragon Dept No: 79029
Dept Name: Community Health Services
Company Number: 210

Order Total Price: 94.75

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	_____ Systolic	_____ and	_____ Diastolic
_____ Elevated	Less than 120		Less than 80
_____ Hypertension Stage 1	120 - 129	and	Less than 80
_____ Hypertension Stage 2	130 - 139	or	80 - 89
_____ Hypertensive Crisis	140 or higher	or	90 or higher
	Higher than 180	and/or	Higher than 120

Notes:

Screening staff signature: _____ Date: _____

Spec Info: