

LOVE YOUR HEART Blood Pressure Screening Event
February 12, 2017

**CONSENT FORM —
TO BE FILLED OUT BY HEALTH CARE WORKER**

Consent for Evaluation

I hereby consent to a blood pressure screening, and understand that this is a blood pressure screening only and is not intended to diagnose medical conditions, determine treatment needs, or replace the medical care of my personal physician.

Signature: _____

Name (Printed): _____

Date: _____

THIS AREA FOR STAFF USE ONLY

Time of Screening _____

Location of Screening _____

In the event the individual with hypertensive emergency declines medical services:

Client declines medical services

Signature: _____ Date: _____

Name (Printed): _____

Health Care Worker: _____ Date: _____

Recorded Blood Pressure: _____

Notes:

HEALTH CARE WORKER: PLEASE RETURN COMPLETED FORM TO YOUR SITE MANAGER