

Start SMART Blood Pressure Control Program

PCP Referral Form

1 Eligibility	HMSA patients with Hypertension diagnosis and/or need for improved BP control.
2 PCP Referral	Complete this form and fax to HMSA at 808-948-8242.
3 Self-Referral	HMSA patients can also self-refer by calling 808-859-8125.
4 Health Coaching	Upon receipt of referral form, HMSA Health Coaches will call patients to provide program details and online educational materials. Follow up with patients via telephonic/video calls.
5 BP Machine	Upon enrollment, patient will soon receive a BP machine via mail.

REFERRING PCP NAME: _____

HMSA Patient First and Last Name	DOB	Recent BP and Date Measured	Target BP for this patient	Health Goal(s) for patient per PCP (check all that apply)	Patient Phone #	Special Instructions (Family/Caregiver, hearing or language barriers, etc.)
1.		BP: ___/___ Date: _____	Target BP: <___/___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other:		
2.		BP: ___/___ Date: _____	Target BP: <___/___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other:		
3.		BP: ___/___ Date: _____	Target BP: <___/___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other:		
4.		BP: ___/___ Date: _____	Target BP: <___/___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other:		
5.		BP: ___/___ Date: _____	Target BP: <___/___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other:		