

## Start SMART Blood Pressure Control Program PCP Referral Form

1	Eligibility	HMSA patients with Hypertension diagnosis and/or need for improved BP control.
2	<b>PCP Referral</b>	<b>Complete this form and fax to HMSA at 808-948-8242.</b>
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:		