

State of Montana Blood Pressure Management Enrollment Form

The Blood Pressure Management Program includes a blood pressure kit (an automated blood pressure cuff, educational material, a pedometer and a pill box) for self-monitoring. This form is used to enroll State of Montana employees, enrolled spouses and retirees into the Blood Pressure Management Program. All fields are required except: Home Phone and Email.

There is no-copay to participate in the program.

The preferred way to enroll is online via the [Health Care & Benefits Website](#). If you have problems accessing the online form, please fax the completed form to Mike McNamara at (406) 444-7465. If you have any questions, please contact Mike at (406) 444-9170 or email mmcnamara@mt.gov. Mike is the sole processor of the enrollment applications; please leave him a message, and he will get back to you as soon as he can.

Enrollment applications are processed every Wednesday; once processed, allow 7-10 business days for the kit to arrive. If you do not qualify for the program, you will be notified. Approximately six months after receiving the kit, you will be mailed a survey to complete.

First Name: _____ Last Name: _____

Physical mailing addresses (*NO PO BOXES please*); *blood pressure kits are sent by UPS and require a physical address.*

Address: _____ City: _____ State: MT Zip: _____

Work Phone: _____ Home Phone *optional*: _____

Email *optional*: _____

How did you hear about the blood pressure management program that Health Care and Benefits (HCBD) is offering?

Other: *Enter how you heard if you selected 'Other' in the previous question.*

Which describes you best?

What range was your blood pressure at your last screening?

Systolic: _____ Diastolic: _____

Do you feel that your blood pressure is well controlled?

Have you ever been told by a healthcare professional that you have high blood pressure or hypertension?

Are you participating in any type of formal blood pressure program already? See description below*

** A formal blood pressure program is a program you enroll and participate in such as offered by your current health plan or a CareHere hypertension coaching session.*

How often do you measure your blood pressure?

What is your cuff size? See direction below*

*How to determine your cuff size: Measure the arm that you will apply the cuff to, typically your left arm. Let your arm relax by your side; you can be standing or sitting. With a measuring tape, measure the distance between your shoulder and elbow. At the mid-point of this measurement, take the circumference of your upper arm. Let's say the distance between your shoulder and elbow is 14 inches; measure your upper arm circumference at 7 inches. This circumference measurement will determine your cuff size.