



# REFERRAL FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Congregation Name: \_\_\_\_\_

Blood Pressure Reading: \_\_\_\_\_ / \_\_\_\_\_

**Referred to Healthcare Provider Name/Address/Phone:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Additional Community Resources (i.e. Community Health Workers, Local Health District, YMCA):**

**Name/Address/Phone:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Hypertension Classifications	Systolic Blood Pressure (SBP) mm Hg	Diastolic Blood Pressure (DBP) mm Hg
Normal	Less than 120	Less than 80
Pre-hypertension	120-139	80-89
<b>High Blood Pressure Stage 1 hypertension</b>	140-159	90-99
<b>High Blood Pressure Stage 2 hypertension</b>	<b>160 or Greater</b>	<b>100 or Greater</b>

Source: National Heart, Blood, and Lung Institute (NHBLI), 2004, p.12