

Virginia HHA BPSM: Participant Enrollment Form

Please complete the form below to enroll a participant in the Virginia Healthy Heart Ambassador Blood Pressure Self-Monitoring program. Questions may be directed to HealthyHearts@vdh.virginia.gov.

Thank you!

****The Participant Enrollment Form was updated on January 8, 2026 by the Virginia Department of Health to include additional questions****

Participant Eligibility

A person is NOT eligible to enroll in the HHA BPSM program if they have experienced any of the following: 1) a cardiac event (heart attack) in the last 12 months, 2) been diagnosed as having an irregular heartbeat (arrhythmia), or 3) been diagnosed with a condition called lymphedema (fluid buildup typically in arms and legs).

If any of the above conditions are true, please consult with your PCP or other healthcare team.

Name of Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA BPSM) Facilitator or Coach

(Please include your first name and last name)

Date of enrollment

Name of the HHA BPSM Facilitator or Coach's organization (if applicable)

Email address of HHA BPSM Coach or person performing the data entry who should receive emails with survey links

Participant's first name and full last name

If participant name information is entered on the form then a consent form **MUST** be signed notifying the participant this information will be collected.

The Virginia Department of Health (VDH) acknowledges that participant name information is identifiable. These data is managed by VDH safely and securely. The information will be handled in accordance with confidentiality policies and will not be shared outside of the HHA BPSM program or VDH.

Age of participant at enrollment

Participant ID (required)

Create the Participant ID by:

(Example: 1974JD012026 for John Doe born in 1974 and enrolled in January 2026.)

Using the participant's birth year (yyyy), Then the first initial of their first name, and first initial of their last name Followed by the month (mm) and year (yyyy) of enrollment.

Is the full home address of the participant available?

- Yes
- No

Street address

City

State

ZIP Code

What city/county locality did the participant reside in at the time of enrollment?

- Accomack County
- Albemarle County
- Alexandria City
- Alleghany County
- Amelia County
- Amherst County
- Appomattox County
- Arlington County
- Augusta County
- Bath County
- Bedford County
- Bland County
- Botetourt County
- Bristol City
- Brunswick County
- Buchanan County
- Buckingham County
- Buena Vista City
- Campbell County
- Caroline County
- Carroll County
- Charles City County
- Charlotte County
- Charlottesville City
- Chesapeake City
- Chesterfield County
- Clarke County
- Colonial Heights City
- Covington City
- Craig County
- Culpeper County
- Cumberland County
- Danville City
- Dickenson County
- Dinwiddie County
- Emporia City
- Essex County
- Fairfax City
- Fairfax County
- Falls Church City
- Fauquier County
- Floyd County
- Fluvanna County
- Franklin City
- Franklin County
- Frederick County
- Fredericksburg City
- Galax City
- Giles County
- Gloucester County
- Goochland County
- Grayson County
- Greene County
- Greensville County
- Halifax County
- Hampton City
- Hanover County
- Harrisonburg City
- Henrico County
- Henry County
- Highland County
- Hopewell City
- Isle of Wight County
- James City County
- King and Queen County
- King George County
- King William County
- Lancaster County
- Lee County

- Lexington City
- Loudoun County
- Louisa County
- Lunenburg County
- Lynchburg City
- Madison County
- Manassas City
- Manassas Park City
- Martinsville City
- Mathews County
- Mecklenburg County
- Middlesex County
- Montgomery County
- Nelson County
- New Kent County
- Newport News City
- Norfolk City
- Northampton County
- Northumberland County
- Norton City
- Nottoway County
- Orange County
- Page County
- Patrick County
- Petersburg City
- Pittsylvania County
- Poquoson City
- Portsmouth City
- Powhatan County
- Prince Edward County
- Prince George County
- Prince William County
- Pulaski County
- Radford City
- Rappahannock County
- Richmond City
- Richmond County
- Roanoke City
- Roanoke County
- Rockbridge County
- Rockingham County
- Russell County
- Salem City
- Scott County
- Shenandoah County
- Smyth County
- Southampton County
- Spotsylvania County
- Stafford County
- Staunton City
- Suffolk City
- Surry County
- Sussex County
- Tazewell County
- Virginia Beach City
- Warren County
- Washington County
- Waynesboro City
- Westmoreland County
- Williamsburg City
- Winchester City
- Wise County
- Wythe County
- York County

Preferred communication method

- Phone
- Email
- Text
- Other _____

Participant's phone number

Participant's email address

How was the participant referred to the HHA BPSM program?

- Self-referred
- Referred by Someone Else
- Unknown

Date participant was referred to the HHA BPSM program

(Date of initial contact with Healthy Heart Ambassador program facilitator/coach about interest in enrollment)

Was the participant referred to social services or other support programs?

- Yes
- No
- Unknown

Does the participant currently have a primary care provider?

- Yes
- No
- Unknown

Name of primary care provider

Primary care physician/provider location (city/county)

- Accomack County
- Albemarle County
- Alexandria City
- Alleghany County
- Amelia County
- Amherst County
- Appomattox County
- Arlington County
- Augusta County
- Bath County
- Bedford County
- Bland County
- Botetourt County
- Bristol City
- Brunswick County
- Buchanan County
- Buckingham County
- Buena Vista City
- Campbell County
- Caroline County
- Carroll County
- Charles City County
- Charlotte County
- Charlottesville City
- Chesapeake City
- Chesterfield County
- Clarke County
- Colonial Heights City
- Covington City
- Craig County
- Culpeper County
- Cumberland County
- Danville City
- Dickenson County
- Dinwiddie County
- Emporia City
- Essex County
- Fairfax City
- Fairfax County
- Falls Church City
- Fauquier County
- Floyd County
- Fluvanna County
- Franklin City
- Franklin County
- Frederick County
- Fredericksburg City
- Galax City
- Giles County
- Gloucester County
- Goochland County
- Grayson County
- Greene County
- Greensville County
- Halifax County
- Hampton City
- Hanover County
- Harrisonburg City
- Henrico County
- Henry County
- Highland County
- Hopewell City
- Isle of Wight County
- James City County
- King and Queen County
- King George County
- King William County
- Lancaster County
- Lee County

- Lexington City
- Loudoun County
- Louisa County
- Lunenburg County
- Lynchburg City
- Madison County
- Manassas City
- Manassas Park City
- Martinsville City
- Mathews County
- Mecklenburg County
- Middlesex County
- Montgomery County
- Nelson County
- New Kent County
- Newport News City
- Norfolk City
- Northampton County
- Northumberland County
- Norton City
- Nottoway County
- Orange County
- Page County
- Patrick County
- Petersburg City
- Pittsylvania County
- Poquoson City
- Portsmouth City
- Powhatan County
- Prince Edward County
- Prince George County
- Prince William County
- Pulaski County
- Radford City
- Rappahannock County
- Richmond City
- Richmond County
- Roanoke City
- Roanoke County
- Rockbridge County
- Rockingham County
- Russell County
- Salem City
- Scott County
- Shenandoah County
- Smyth County
- Southampton County
- Spotsylvania County
- Stafford County
- Staunton City
- Suffolk City
- Surry County
- Sussex County
- Tazewell County
- Virginia Beach City
- Warren County
- Washington County
- Waynesboro City
- Westmoreland County
- Williamsburg City
- Winchester City
- Wise County
- Wythe County
- York County

Indicate all of the ways the participant is able to communicate with their physician/provider (check all that apply).

Online portal
 Phone
 In person during appointment
 Other _____

Has the participant been diagnosed with or told by a healthcare professional that they have high blood pressure/hypertension?

Yes
 No

Is the participant currently taking prescription medication to control or manage high blood pressure?

Yes
 No
 Unknown

Does the participant have a home blood pressure monitor and cuff?

Yes
 No

Gender of participant

Female
 Male
 Other gender
 Prefer Not to Answer
 Unknown

Does the participant identify as Hispanic or Latino/a?

Yes
 No
 Unknown

What race does the participant primarily identify as?

American Indian or Alaska Native
 Asian or Pacific Islander
 Black or African-American
 White
 Other race _____
 Prefer Not to Answer
 Unknown

What is the participant's highest level of education?

Less than high school
 High school diploma or equivalent
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate/Professional (PhD, MD, DDS, JD, etc.)
 Other _____
 Unknown

Please assess this participant's readiness to participate in the HHA BPSM Program on a scale of 1 to 10

Not ready at all Extremely ready

=====

(Place a mark on the scale above)

Was an initial blood pressure reading measured by the participant during enrollment for Office Hour 1?

Yes
 No
 Unknown

Is a signed HHA BPSM consent form on file for the participant?

Yes
 No

Was the participant from a VDH high hypertension census tract at the time of enrollment?

1. To determine if a participant lives in a high hypertension census tract, use this link (will open in a new tab): [Census Tract Search](#)
2. Click on the search icon in the upper menu, pictured below in blue circle.
3. Enter the participant's full street address into the search bar. The address will appear as a small red dot on the map.
4. If the red dot is within a highlighted area, the participant does live within a high hypertension census tract. Zoom out on the map and click anywhere inside the highlighted census tract except for the small dot. This will select corresponding census tract where the address is located.
5. If the red dot is not within a highlighted area, the participant does not live within a high hypertension census tract. Select the 'Not from a high hypertension census tract' answer choice

- Not from a high hypertension census tract
- Danville city - 51590000200
- Danville city - 51590000300
- Danville city - 51590000500
- Danville city - 51590000600
- Danville city - 51590001100
- Danville city - 51590000400
- Emporia city - 51595890200
- Franklin city - 51620090200
- Halifax County - 51083930202
- Hampton city - 51650010400
- Hampton city - 51650011900
- Henrico County - 51087201003
- Henry County - 51089010800
- Lynchburg city - 51680001100
- Martinsville city - 51690000200
- Newport News city - 51700030300
- Newport News city - 51700030400
- Newport News city - 51700030500
- Newport News city - 51700030600
- Newport News city - 51700030800
- Norfolk city - 51710004100
- Norfolk city - 51710005000
- Norfolk city - 51710004200
- Petersburg city - 51730810400
- Petersburg city - 51730810600
- Petersburg city - 51730810700
- Pittsylvania County - 51143010700
- Portsmouth city - 51740211100
- Portsmouth city - 51740211400
- Portsmouth city - 51740211700
- Portsmouth city - 51740211800
- Portsmouth city - 51740212702
- Portsmouth city - 51740212100
- Richmond city - 51760010800
- Richmond city - 51760010900
- Richmond city - 51760020100
- Richmond city - 51760020200
- Richmond city - 51760020300
- Richmond city - 51760020400
- Richmond city - 51760060200
- Richmond City - 51760060800
- Richmond City - 51760060900
- Richmond City - 51760070601
- Richmond City - 51760070700
- Richmond City - 51760070802
- Richmond City - 51760070803
- Richmond City - 51760070901
- Richmond city - 51760010300
- Richmond city - 51760030100
- Roanoke city - 51770000100
- Roanoke city - 51770002400
- Roanoke city - 51770002501
- Roanoke city - 51770002502
- Southampton County - 51175200300
- Suffolk city - 51800065100

Is there anything additional you would like to share about this participant's enrollment?