



6. 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
High Blood Pressure Stage 1 hypertension	140-159	90-99
High Blood Pressure Stage 2 hypertension	160 or Greater	100 or Greater

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