



HYPERTENSION ADVISORY FORM

Date given to client Sept 13, 2019

SONJA GOESSERINGER (Print Name) DOB 05/20/54 Date (M/D/Y)

was seen at George Brown College WAVE CLINIC on 09/13/2019 Date (M/D/Y)

THE HEALTH HISTORY ASSESSMENT REVEALED:

Elevated blood pressure readings:

BP Reading #1 <u>144/73</u> mmHg	<input checked="" type="radio"/> Digital / <input type="radio"/> Manual	Right / <input checked="" type="radio"/> Left Arm
BP Reading #2 <u>142/75</u> mmHg	<input checked="" type="radio"/> Digital / <input type="radio"/> Manual	Right / <input checked="" type="radio"/> Left Arm

Other:

Elevated blood pressure readings should be brought to the attention of your primary healthcare provider. Please take this form with you at your next appointment.

Faculty/Supervisor/Staff Signature [Signature] D. Islam RDH

Consent for Collection, Use and Disclosure of Personal Information

I agree that George Brown College, Centre for Health Sciences has obtained informed consent from me with respect to the collection, use and disclosure of my personal health information. I have been provided with a copy of the consent form and agree that personal information may be collected, used and disclosed as set out in the Privacy Policy of George Brown College and is in accordance with the *Personal Health Information Protection Act, 2004*.

Client Signature [Signature] Sonja Goessinger Date sep 13, 2019