



# Grant Application: Home Blood Pressure Monitor

THE KIDNEY FOUNDATION BC & YUKON BRANCH  
Suite 200 – 4940 Canada Way  
Burnaby, BC V5G 4K6  
Phone: (604) 736-9775; Fax: (604) 736-9703  
Toll Free Phone: 1-800-567-8112; Fax: 1-800-667-8871

### Instructions for Licensed Kidney Care Clinic Health Professional completing this form:

1. Fax or e mail (encrypted) **page 1** (NOT page 2) of this completed form to the patient’s preferred pharmacy from the list of contracted pharmacies. [www.bcrenal.ca/resource-gallery/Documents/Community%20Pharmacy%20List.pdf](http://www.bcrenal.ca/resource-gallery/Documents/Community%20Pharmacy%20List.pdf).
2. Fax or e mail (encrypted) **pages 1 and 2** of this form to the Kidney Foundation of Canada (for information).
3. Ask patient to contact the pharmacy if they have not received a call from the pharmacy within one week.

### Instructions for Pharmacies receiving this form:

1. Identify home blood pressure monitor with appropriate cuff size (see dimensions below). Contact patient to confirm purchase and pick-up (if possible). If the cost is higher than identified as the maximum on this form, the patient will be responsible for the additional cost.
2. Every 3 months (Mar 31, Jun 30, Sept 30, Dec 31), send an invoice to the Kidney Foundation of Canada, BC and Yukon Branch for reimbursement of home blood pressure monitors dispensed. Include the names of patients provided with monitors, and the cost.

Kidney Foundation of Canada, BC & Yukon Branch  
Attention Heather Johnson

Fax: (604) 736-9703; Email (encrypted): [heather.johnson@kidney.ca](mailto:heather.johnson@kidney.ca); Questions: (604) 558-6879 (phone)

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

### Part 1: Patient information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ PHN: \_\_\_\_\_  
 Home address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Part 2: Device information (KCC Licensed Health Care Professional to complete)

#### BP Device/Cuff

Arm circumference (middle of upper arm at midpoint between shoulder and elbow): \_\_\_\_\_ cm

Ideal cuff bladder width: Arm circumference x 0.4 = \_\_\_\_\_ cm (minimum size)

Ideal cuff bladder length: Arm circumference x 0.8 = \_\_\_\_\_ cm (minimum size)

Product	Maximum Approved Amount (excluding GST)
BP monitor with cuff	\$60 for device/cuff (if standard cuff size is suitable) \$90 for device/cuff (if an extra small or a large cuff is required) \$200 for device/cuff (if an extra-large cuff is required)
BP monitor with verbal assistance (talking monitor)	\$125
BP monitor with pre-formed cuff	\$125

Pharmacy will identify BP monitor with appropriate cuff size and includes “Recommended by Hypertension Canada” on the monitor or box (silver or gold logo).

#### Patient’s Preferred Pharmacy (click on “Choose a Pharmacy” for a listing of eligible pharmacies)

Fraser Health	Interior Health	Northern Health	Vancouver Coastal/BCCH	Island Health
Save On Foods #910	Choose a Pharmacy	Choose a Pharmacy	Choose a Pharmacy	Choose a Pharmacy

#### Pick-up/Delivery

Pick-up in store (strongly encouraged)

Delivery (pick-up not possible within the next month)



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## Continuation of Grant Application

Patient name: \_\_\_\_\_

### Part 3: Licensed KCC Health Professional Contact Information

_____ Name of Licensed KCC HCP	_____ Kidney Care Clinic	_____ Signature
_____ Phone	_____ E mail	_____ Pager/cell

### Part 4: Grant eligibility (3 boxes must be checked)

- |                            |                        |
|----------------------------|------------------------|
| Abbotsford                 | Penticton              |
| BC Children’s              | Prince George          |
| Campbell River (North Is)  | Royal Jubilee          |
| East Kootenays (Cranbrook) | St Paul’s Hospital     |
| Kamloops                   | Surrey                 |
| Kelowna                    | Van General Hospital   |
| Nanaimo                    | West Kootenays (Trail) |
| New West (Royal City)      | Williams Lake          |

**Table 1**

Living in the Household		Total monthly net household income is less than....
Adults	Children	
1	0	\$1,900
1	1	\$2,200
1	2	\$2,500
1	3*	\$2,800
2	0	\$2,200
2	1	\$2,500
2	2	\$2,800
2	3*	\$3,100

\*For every additional child, add \$300 to the total monthly income.

All other reasonable sources of funding have been pursued.

Total monthly net household income is less than the amounts identified in Table 1.

### Part 5: Desire for contact by Kidney Foundation

Would the applicant like to receive Kidney Foundation newsletters by e mail?

Yes. E mail: \_\_\_\_\_ No thanks

Would the applicant like to be contacted by the Kidney Foundation for quality improvement and/or patient-based research purposes?

Yes. Preferred means of contact: \_\_\_\_\_ No thanks

E mail: \_\_\_\_\_

Phone: \_\_\_\_\_