



# 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 or Post-Kidney Transplant Centre Health Professional completing this form:**

1. Fax or e mail (encrypted) **both pages** 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). **These applications will no longer be sent to the Kidney Foundation**
2. Provide patient with a copy of this completed form. Ask patient to contact the pharmacy if they have not received a call within one week.

**Instructions for Pharmacies receiving this form:**

1. Identify home blood pressure monitor with appropriate cuff size. 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. Please send invoice within 30 days of the period end. **When submitting invoices to the Kidney Foundation, please send all applications as well.**

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** (health care professional to complete)

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

Product	Maximum Approved Amount (excluding GST)
BP monitor with standard sized cuff	\$80
BP monitor with special sized cuff or verbal assistance (talking monitor)	\$200

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) OR go to BC Renal→Health Professionals→Pharmacy & Formulary→Pharmacies→Community Partner Pharmacy List

Fraser Health	Interior Health	Northern Health	Vancouver Coastal/BCCH	Island Health

**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/Post-Kidney Transplant Centre Health Professional Contact Information

_____ Name of Licensed Health Care Pro	_____ Name of KCC/Post-Transplant Centre	_____ Signature
_____ Phone	_____ Email	_____ Pager/cell

### Part 4: Location (mark X beside location)

Kidney Care Clinic	or	Post-Kidney Transplant Clinic
Abbotsford	Penticton	Kamloops
BC Children’s	Prince George	Kelowna
Campbell River (North Is)	Royal Jubilee	Kootenays (Trail/Cranbrook)
East Kootenays (Cranbrook)	St Paul’s Hospital	Nanaimo
Kamloops	Surrey	Penticton
Kelowna	Van General Hospital	Prince George
Nanaimo	West Kootenays (Trail)	St Paul’s
New West (Royal City)	Williams Lake	Surrey
		Vancouver General
		Victoria

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

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

Yes. Email: \_\_\_\_\_ 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

Email: \_\_\_\_\_

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