



TOCA HEALTH

☐ Granada Hills ☐ Thousand Oaks ☒ Newhall
☐ West Hills ☐ Northridge ☐ Dialysis Center

Patient Name: SHALON ENNIS

Active Phone #: _____

Patient Email: _____

Secondary Phone #: _____

Physician/PA: DR. DESAI

Date of Birth: 11/13/1969 Sex: F

Address: 2320 E. AVE 10-4

City: PALMDALE ZIP: 93550

Preferred Language: ☒ English ☐ Spanish ☐ Other _____

Diagnosis: ☒ Hypertension (I10) ☐ DM (E11.9) ☐ Other _____
☐ Cholesterol (E78.5) ☐ CKD (N18.9)
☐ CHF (I150.22) ☐ CAD (I25.10)

- ☒ I acknowledge that I am receiving at no charge the monitoring device listed below so that I can participate in the remote monitoring and/or chronic care management program.
- ☒ The device is the property of the Doctor and is free for me to use while I participate in the program. If I discontinue participation in this program, it is my responsibility to return the device in working order. I will not intentionally tamper with any RPM device or technology used.
- ☒ I agree to participate in at least one monthly check in with my care manager to discuss improving my health. I agree that I will receive text messages and emails.
- ☒ **RPM services are NOT emergency services and your data WILL NOT BE MONITORED 24/7. If you think you are experiencing a medical emergency, CALL 911 IMMEDIATELY.**

Tenovi ID/IMEI # Shalon Ennis

DEVICE ISSUED 3 IN SYSTEM

Device: ☐ TeleRPM BPM ☐ TeleRPM Scale ☐ Pulse Oximeter

Time spent _____

☒ First Reading Done 7/1/24

Patient/Caregiver Signature: Shalon Ennis

Date: 7/1/24

☒ Verbal Consent

☐ Ship Device to Patient

Email: Onboarding@tocahealth.com