

8. What is your current weight? _____ lbs. What is your current height? _____ feet _____ inches
(Example: 5 feet 6 inches)
9. How many days of work did you miss last year due to an illness related to your heart or blood pressure?
 0 days 1-3 days 4-5 days More than 5 days Not working
10. How many days a week do you exercise for at least 30 minutes without stopping
(example: walking, cycling, swimming — include taking stairs, etc.)?
 0 days 1 day a week 3 days a week 5 days a week Every day
11. Have you ever been diagnosed with diabetes? Yes No
12. Have you had an emergency room visit or hospitalization in the past year related to your heart
or blood pressure? Yes _____ No _____ I don't know _____

We are very interested in providing you with information regarding cardiovascular health. Please list below any topics that you would like to see included in the Cardiovascular Education Program materials.

The Cardiovascular Education Program is for health education purposes only. We do not offer medical advice or medical services. Members always should consult their treating physician(s) for any medical advice or services. The member is responsible for selecting providers, services or products. **All referenced health services may not be covered under a health plan. Please check the terms of your health plan or insurance policy for coverage of services.** Information furnished by a member is kept strictly confidential and only used to provide information necessary for participation in or analysis of the Cardiovascular Education Program.

By my signature, I hereby indicate my decision to enroll in the Cardiovascular Education Program. I understand that there is no cost to me or my family for this program. I further authorize Arkansas Blue Cross and Blue Shield, Health Advantage and Blue Advantage to release my name and address for the purpose of my participation in mailings from the Cardiovascular Education Program. My information will not be furnished to third parties to include in shared mailing lists with other companies or organizations.

Signature (required): _____ Date: _____

Welcome to the program!



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