

8. Were you admitted to a hospital in the past year for your respiratory condition or sinusitis? Yes No

9. Check each thing that now is part of your treatment for your respiratory condition:

- Exercise plan that is tolerated well by you Healthy eating
- Special ways to breathe that help you get through activities more easily
- Quick relief medicine to stop or prevent flare-ups
- Regular/long-term medicines that keep the condition under control
- You do not smoke No exposure to second-hand smoke
- No exposure to fumes that irritate your respiratory tract
- Practice good hygiene/hand-washing and avoid ill people
- Practice stress management – pacing yourself during the day – resting periodically
- Social and family support Regular doctor visits I don't know

We are very interested in providing you with information regarding self-management of your respiratory condition. Please list below any topics that you would like to see included in the Respiratory Education Program materials.

The Respiratory 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 Respiratory Education Program.

By my signature, I hereby indicate my decision to enroll in the Respiratory 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 Respiratory 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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