



## ASTHMA RESOURCES ORDER FORM

Use this form to request asthma resources. These materials are provided at no-cost, but are limited and contingent upon grant requirements and funds. Limitations noted in the spaces provided. Please allow 2-3 weeks for delivery.

<p><b>Asthma Action Plan</b> Multi-sheet asthma management plan for patients that shows what kind of medicines to take and when to take them, how to control asthma long term, and how to handle worsening asthma or attacks. Filled out with patient's health care provider and shared with specialists, school nurse, caregivers and parents/guardians. <b>Eng.:</b> _____ <b>Span.:</b> _____</p>	<p><b>Asthma Control Test</b> Glaxo Smith Kline developed, two-sided document to evaluate whether or not an adult's (12+ years old) or child's (age 4-11) asthma is under control. <b>Eng.:</b> _____ <b>Span.:</b> _____</p>	<p><b>Dusty the Asthma Goldfish/Dusty La Carpa Dorada del Asma</b> EPA developed full-color coloring book targeting young children with asthma and their caregivers. <b>Eng.:</b> <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> Other _____ <b>Span.:</b> <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> Other _____</p>
<p><b>Dusty the Asthma Goldfish Bookmark</b> EPA developed, two-sided color bookmark that identifies common asthma triggers. Double-sided, English and Spanish. <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> Other _____</p>	<p><b>How to Use Your Inhaler with a Chamber</b> Philips Respironics developed, instructional sheet on proper use of a spacer with a metered dose inhaler. Double-sided, English and Spanish. # requested _____</p>	<p><b>Who Has Asthma in NY State?</b> Informational sheet with general information about asthma, smoking, and treatment; flip side has common trigger reduction guidance.(sources: CDC, EPA, &amp; NYSDOH) # requested _____</p>
<p><b>Clinical Guideline for the Diagnosis, Evaluation &amp; Management of Adults and Children with Asthma.</b> (For Health Providers Only) NYSDOH provided spiral bound reference booklet. # requested _____</p>	<p><b>Asthma in the Primary Care Practice DVD</b> (For Health Providers Only) Clinical Applications of the National Asthma Education and Prevention Program EPR-3 provided by NYSDOH. # requested _____</p>	<p><b>Respiratory Inhaler Poster (For Health Providers Only)</b> 8.5"x11" poster shows images of short-acting and long-term controller medication for patient education. <b>Eng.:</b> _____ <b>Span.:</b> _____</p>
<p><b>Downloadable Documents:</b> <a href="#">Safe Cleaning for People with Asthma</a> <a href="#">Healthy Capital District Initiative Asthma Self-Management Resource Guide</a> Understanding Asthma Medication and Treatment : <a href="#">English</a> <a href="#">Spanish</a></p>		<p><b>Equipment:</b> Spacers/Chambers: _____ Compressors: _____ Nebulizers: _____</p>
<p><b>Other Resources/Special Requests (please specify):</b></p>		

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

Practice/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Yes, I'd like to receive regular mailings and updates from ACCR.  Member  Nonmember

How will you use the requested items:  Personal  Patient Edu  Event  Training/Class  Other \_\_\_\_\_

**E-mail** your completed order form to [accr@hcdiny.org](mailto:accr@hcdiny.org) **OR fax** your completed form to (518) 462-7021, Attn: ACCR Coordinator

For Office Use Only:	
Received:	Comments:
Distributed:	