



A Public Entity

Inland Empire Health Plan

Questions About Your Asthma Care?

You can talk to our Care Management Team by
calling IEHP Member Services at 1-800-440-IEHP (4347)
or 1-800-718-4347 for TTY Users.

Also call IEHP Member Services if you need help reading these materials.

©2014 Inland Empire Health Plan. All Rights Reserved. HE-14-01109

Learn. Work. Play. **Breathe**

Living an Active Life with Asthma

Action Item Ticket Book



A Public Entity

Inland Empire Health Plan

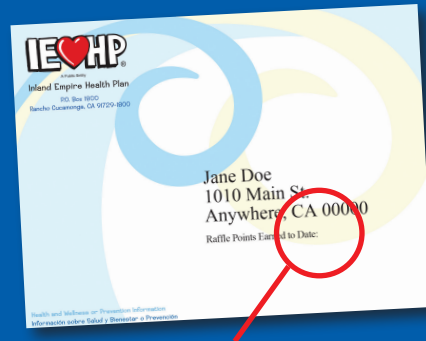


Breathe Easier as You Learn, Work, and Play!

Complete these Action Items...
for better health and for a chance to win great prizes!

INSTRUCTIONS

- Action Items do not need to be done in any order.
- After you complete an Action Item, fill in the left side of the ticket for your records.
- Then fill in the right side of the ticket, tear off, and send to IEHP in the prepaid envelope included in each packet.
- Some Action Items can be done more than once during the course of the **Breathe Program** if advised by your Doctor. Points will be awarded each time.



You can find your total
points earned printed on
each packet you receive.

Action Item:
IEHP Asthma Class

Date completed:

Date ticket mailed to IEHP:

Points Earned:

20



Attend a Free IEHP Asthma Class

20

This Class will teach you how to manage your Asthma. You'll go home with a renewed sense of control.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

DATE CLASS COMPLETED: _____

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
IEHP Asthma Class

Date completed:

Date ticket mailed to IEHP:

Points Earned:

20

Need a refresher?
Attend the Free IEHP Asthma Class again

20

You can attend the asthma class again 6 months (or more) after you complete your first class.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

DATE CLASS COMPLETED: _____

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
Asthma Action Plan

Date Action Plan completed:

Date ticket mailed to IEHP:

Points Earned:

15

Create an Asthma Action Plan

15

Work with your Doctor to create an Asthma Action Plan – it's the key to knowing what to do when you are having asthma symptoms.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

DATE ACTION PLAN COMPLETED: _____

YOUR DOCTOR'S SIGNATURE: _____

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
**Asthma Triggers
at Home**

Date ticket mailed to IEHP:

Points Earned:

10

Asthma Triggers at Home

10

Knowing your triggers helps you create an asthma-friendly home where you can live symptom-free.

Send us a list of asthma triggers you find in your home.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

You'll find the **Asthma Triggers List Form** in Packet 6 -
"Asthma-Proofing Your Home"

Don't forget!

Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
Annual Flu Shot

Date of Shot:

Date ticket mailed to IEHP:

Points Earned:

10



Annual Flu Shot

10

The flu can make your asthma symptoms worse. Protect yourself – get a flu shot yearly. **Your flu shot is covered by IEHP.**

MEMBER NAME: _____

IEHP MEMBER ID#: _____

DATE OF FLU SHOT: _____

LOCATION: ☐ Pharmacy ☐ Your Doctor's Office ☐ Clinic

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
Annual Flu Shot

Date of Shot:

Date ticket mailed to IEHP:

Points Earned:

10



Annual Flu Shot

10

The flu can make your asthma symptoms worse. Protect yourself – get a flu shot yearly. **Your flu shot is covered by IEHP.**

MEMBER NAME: _____

IEHP MEMBER ID#: _____

DATE OF FLU SHOT: _____

LOCATION: ☐ Pharmacy ☐ Your Doctor's Office ☐ Clinic

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
Inspirational Story
Date ticket mailed to IEHP:

Points Earned:

15

Inspirational Story

15

Share with us what has helped you manage your asthma. Your story may inspire other IEHP Members.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

You'll find the **Inspirational Story Form** in Packet 2 - "Making the Most of Your Doctor Visits." When you're ready, write your story, sign the form, and send it back to us.

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
Inspirational Story
Date ticket mailed to IEHP:

Points Earned:

15

Inspirational Story

15

Share with us what has helped you manage your asthma. Your story may inspire other IEHP Members.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

You'll find the **Inspirational Story Form** in Packet 2 - "Making the Most of Your Doctor Visits." When you're ready, write your story, sign the form, and send it back to us.

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
6-Month Survey

Date ticket mailed to IEHP:

Points Earned:

10

6-Month Survey

10

Let us know how you are doing. Complete and return your 6-Month Survey.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

The **6-Month Survey** will be enclosed in Packet 4 -
"Your Asthma Action Plan"

Don't forget! Tear off and send to IEHP in the prepaid envelope included in each packet.



Action Item:
**End-of-Program
Survey**

Date ticket mailed to IEHP:

Points Earned:

15

End-of-Program Survey

15

Let us know how you're doing and how the program has worked for you.
Complete and return your End-of-Program Survey.

MEMBER NAME: _____

IEHP MEMBER ID#: _____

The **End-of-Program Survey** will be enclosed in Packet 8 -
"How Well Are You Doing?"

Don't forget!

Tear off and send to IEHP in the prepaid
envelope included in each packet.

