

EmPhASIS: Empowering Pharmacists in Asthma management through Interactive SMS

Study #	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	Site Number		Participant Number			

For Pharmacy Use only

Date Completed: ____/____/____
dd mm yy

Reviewed by: _____
(Please Print name)

Contact information (Pharmacy staff please fax to: 604-827-4014)

For completion by participant

Please answer the following:

Subject Name: _____, _____
Mr./Mrs/Ms Last Name First Name
(please circle one)

Street Address

Town/City Province Postal Code

Telephone Number(s) Home: _____ - _____
Area code

Cell: _____ - _____ E-mail: _____
Area code

Please choose your preferred Contact Option to answer follow-up questionnaires:

- Phone: ☐ Or Email (link to questionnaire): ☐
- Preferred Contact time: A.M.: ☐ P.M.: ☐ Evening: ☐ Anytime: ☐

Name of Family Physician: Name: _____
Last Name First Name

Phone _____ - _____
Area code

BC Care Card Number (PHN): _____

Date of Birth (dd/mm/yy): _____

Will you be away from home over the next 12 months? ☐ Yes ☐ No

If yes, when: _____ Can you still be reached? ☐ Yes ☐ No