

COPD PASS FOR YOUR CHECKUPS

Last name

First name

Date of birth

Gender

Address

Hello,

The aim of this COPD pass is to support you and your healthcare providers in managing your COPD.

Please bring this pass to follow-up visits with your primary care physician and your pulmonologist. This helps information exchange and smoother coordination between healthcare providers.



You can also find more information on our website:
www.uncover-life.com/copd

COPD diagnosed since:	Current COPD therapy:	Notes on other conditions, medications	Inhaler device training completed on:
Date	☐ LAMA ☐ LABA ☐ ICS ☐ Azithromycin ☐ Biologics Other: (Multiple selections possible)		

FOLLOW UP VISITS

Follow-up visit	Blood eosinophil levels (from the differential blood count)
Date	Date Cells/ μ L %
Date	Date Cells/ μ L %
Date	Date Cells/ μ L %
Date	Date Cells/ μ L %
Date	Date Cells/ μ L %

EXACERBATIONS

Date	Treatment of the exacerbation	Are your daily activities significantly limited
	☐ Rescue meds: OCS ☐ and/or antibiotics ☐ Hospital stay	☐ Yes ☐ No
	☐ Rescue meds: OCS ☐ and/or antibiotics ☐ Hospital stay	☐ Yes ☐ No
	☐ Rescue meds: OCS ☐ and/or antibiotics ☐ Hospital stay	☐ Yes ☐ No
	☐ Rescue meds: OCS ☐ and/or antibiotics ☐ Hospital stay	☐ Yes ☐ No

EMERGENCY CONTACT

Last name, First name

Phone number

sanofi

REGENERON®

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The health information contained herein is provided for general educational purposes only.

Your healthcare professional is the single best source of information regarding your health. Please consult your healthcare professional if you have any questions about your health or treatment.