

Asthma Management Program Consent Request

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to inform you about our Asthma Management Program designed to support individuals managing asthma symptoms effectively. As part of this program, we aim to provide personalized care, education, and resources that empower you to take control of your condition.

To ensure the success of this program, we kindly request your consent to participate. Your involvement will include regular assessments, educational sessions, and access to our digital health resources.

Please read the details below and indicate your consent:

Consent Information

I, [Your Name], consent to participate in the Asthma Management Program. I understand that my participation entails:

- Regular check-ins with healthcare providers.
- Completion of questionnaires related to my asthma management.
- Access to educational materials and workshops.

By signing below, I agree to the terms outlined above.

Signature: _____

Date: _____

If you have any questions or concerns, please do not hesitate to contact us at [Contact Information].

Thank you for considering this important program.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]