

VISN 12 GREAT LAKES HEALTH CARE SYSTEM

Veteran's Name: _____ Last Four SSN _____

Acknowledgement of Extreme Safety Risk Associated with Smoking Near Oxygen Therapy

My doctor has prescribed home oxygen therapy for treatment of my medical condition. I have been told by my physician that if I smoke, the benefits of oxygen therapy are reduced and in most cases, will not prolong my life. **If I need help to quit smoking**, I will call my Provider or call the Smoking Cessation Coordinator directly at my local VA medical center phone number listed below and request an appointment.

Milwaukee (888) 469-6614 Ext. 41150
Madison (608) 256-1901 Ext. 12246
Iron Mountain (906) 774-3300 Ext. 33115
Tomah (800) 872-8662 Ext. 61141

Hines (708) 202-8387 Ext. 27875
Jesse Brown (312) 569-8387 Ext. 56769
Lovell FHCC (847) 688-1900 Ext. 85531

I have been instructed that **smoking while using oxygen, or even being near an open flame with my oxygen on, creates an extreme fire hazard**. Oxygen patients who smoked while connected to oxygen have died or experienced serious life threatening burns as a result of their smoking. There have also been home fires related to smoking while on oxygen.

The following high risk factors could increase your risk of having a fire related incident:

- | | |
|------------------------------------------|---------------------------|
| 1. Living alone | 5. Excessive facial hair |
| 2. Lack of/no functional smoke detectors | 6. Substance abuse issues |
| 3. Trouble remembering | 7. Flammable clothing |
| 4. Smoking while oxygen is running | |

It is my responsibility to make sure that my home is free of fire and safety hazards.

I agree to have functioning smoke detectors in my residence and will ensure the batteries are tested and/or replaced on a regular basis. _____ Yes _____ No

My signature at the bottom of this page shows that I fully understand the extreme danger to me and others if I smoke or am around open flames while connected to an oxygen source.

Veteran's Signature: _____ Date: _____

Witness: _____ Date: _____