

ASTHMA ASSESSMENT

Dear Parent/Guardian of _____ ID # _____

According to your child's health records, it was noted that your child has had asthma or symptoms of asthma in the past. In order for school personnel to better understand your child's current asthma status, we are requesting that you complete the information below. If indicated, I will contact you and meet with your child to discuss any modifications or understanding needed for successful school attendance and performance.

Thank you and please feel free to contact our office if we can be of further assistance.

Sincerely,

Health Services Office

When was your child diagnosed with asthma? _____

When was the last asthma episode "attack"? _____

What triggers an asthma episode? (Check all that apply)

Exercise ___ Illness ___ Food ___ Environmental ___ Seasonal ___ Animals ___ Medications ___

Irritants (specify) _____ Allergies (specify) _____

What medication(s) does your child currently use for asthma?

Drug Name _____ Drug Name _____

Dose _____ Dose _____

Frequency _____ Frequency _____

Does your child use a Peak Flow Meter? No ___ Yes ___ (if yes, what is the normal reading _____)

What are some signs or symptoms that are present when your child is having an asthma episode?

How much school has your child missed in the past 12 months as a result of asthma? _____ # times per year

How often does your child see the doctor because of asthma? _____ # times per year

Doctor's name: _____ Doctor's phone # (____) _____

Has your child ever been hospitalized due to asthma? No _____ Yes _____ (if yes, how many times) _____

Most recent date of hospitalization? _____

Additional comments:

Parent/Guardian signature _____ Date _____