

Student's Name: Date of Birth:		ASTH	IMA HISTORY FORM	E
Parent/Guardian Name: Home Phone: ()	Student's Name:	254 = 5	- 10 Table 10 Table 10	Date of Birth:
Home Phone: () Work Phone: ()	History Taken by:			Date:
Alternate Contact:	Parent/Guardian Name	s:		= 1
Primary Health Care Provider: Phone: ()	Home Phone: ()		Work Phone:	()
Primary Health Care Provider: Phone: ()	Alternate Contact:		Phone:	()
When was this student's asthma first diagnosed?	Primary Health Care P	rovider:	Phone:	()
When was this student's asthma first diagnosed?	Address:			
How many times has this student been seen in the emergency room for asthma in the past year? How many times has this student been hospitalized for asthma in the past year? Has this student ever been admitted to an intensive care unit for asthma? When? How would you rate the severity of this student's asthma? (not severe) 1 2 3 4 5 6 7 8 9 10 (severe) How many days would you estimate this student missed last year because of asthma? What triggers this student's asthma? exercise respiratory infection strong odors or fumes stress respiratory infection pollen animals (specify): Goods (specify): odos (specify): odos (specify): outdoor dust outdoor dust outdoor dust other: What does this student do at home to relieve asthma symptoms (check all that apply)? breathing exercises rest/relaxation drinks liquids takes medications (see below) uses herbal remedies (see below)				
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SOURCE: American Lung Association of Washington

ASTHMA HISTORY FORM							
What medications d	oes this student take fo	r asthma (every day and as n	eeded):				
Medication Name	Amount	Delivery Method (nebulizer, inhaler, etc.)	How Often				
				_			
What herbal remedie	s, if any, does this studer	at take for asthma?					
Does this student use	any of the following aid	s for managing asthma?	v				
peak flow meter (p holding chamber other:	personal best if known _ spacer	holding chamber	w/mask				
	needs related to your chi						
□ transportation to a	in foods of field trips	□ other	oom				
	f the above boxes, please						
Has this student had a Would you like inform	asthma education? mation about asthma edu	□ yes □ no neation for: □ student □ self					
Parent Signature: _			Date:				
Nurse Signature: _		-	Date:				
	Table Milker	make the					