Wiesbaden High School
Office of the School Nurse

REQUEST FOR ASTHMA INFORMATION

Student's Name _____ Date of Birth _____ Date _____
Sponsor _____Teacher/Grade _____

How long has your child had asthma? _____

Describe *last* asthma attack (what happened, how long it lasted, how it was treated).
_____
_____

How often does child have an attack requiring an emergency visit to the doctor or hospital? [ ] weekly [ ] monthly [ ] yearly [ ] never

What usually triggers your child's asthma? (Check all that apply.)
[ ] illness [ ] exercise [ ] emotions [ ] foods
[ ] smoke/odors [ ] weather [ ] medications [ ] allergens

Has your child ever had allergy testing___ No___ Yes Allergies:
(list)_____

Is your child exposed to second-hand smoke___ No ___ Yes

Do you use a peak flow meter at home? ___ No___ Yes Best volume results ____

List all asthma medications taken. Include as needed inhalers & steroids:
_____
_____
Other medications taken:
_____

What is the severity of your child's asthma? [ ] mild intermittent [ ] mild persistent [ ] moderate persistent [ ] severe persistent

Have you or your child ever attended an asthma class? _____ No _____ Yes

Do you have an asthma management plan? _____ No _____ Yes
If yes, please attach a copy.

If you would like to provide other information, or if you have questions, please write on the reverse side of this form. Thank you for this valuable information.

_____
Parent signature and date