

ASTHMA VISIT

Name: _____ **Date:** _____ **Child's Age:** _____

<p>History Chief Complaint: _____ School/daycare days missed (last 12 months): _____ Parents' missed work days (last 12 months): _____ Day-time wheezing (# days/wk): _____ Night-time symptoms (# nights/wk): _____ Wheezing with play/exercise Always:___ Sometimes:___ None:___ Albuterol use (# days/wk): _____ ER visits/hospitalizations: _____ Tobacco exposure: Y___ N___ Eczema: Y___ N___ Nasal Sx: _____</p> <p>School School: _____ Phone # _____ School nurse: _____ Rescue inhaler <i>at school</i>? ___Y ___N PE/Recess activity problems? ___Y ___N Explain: # days/week needing prn albuterol at school: _____ Asthma Action Plan <i>at school</i>? ___Y ___N Peak flow meter <i>at school</i>? ___Y ___N Other _____</p>	<p>Type of Visit <input type="checkbox"/> Sick <input type="checkbox"/> Well <input type="checkbox"/> Follow-up</p> <p>Sick Visit History: <input type="checkbox"/> Exacerbation</p> <hr/> <p>Current Medications</p> <p>Medication Dosage Route Compliance Freq Route</p> <p>1 2 3 4</p>
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<p>Physical Exam Ht: _____ Wt: _____ Temp: _____ HR: _____ RR: _____ General: _____ HEENT TM: _____ Nose: _____ Throat: _____ Lungs: _____ CV: _____ Abd: _____ Skin: _____ Other: _____</p>	<p>Peak flow: _____ Predicted: _____ Personal best: _____ Pulse ox: _____ Spirometry: _____</p> <p>In-Office Interventions</p> <p>Treatment Wheeze Air exchange O₂ sat</p> <p><input type="checkbox"/> Steroids _____ <input type="checkbox"/> Other _____</p>
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Impression Asthma Classification
 Mild intermittent Mild persistent Moderate persistent Severe persistent
 Other diagnosis _____

Education
 Inhaler Spacer Peak flow Environment Smoking cessation referral
 Flu shot
 Referral to allergist/asthma specialist

Additional Clinical Note

<p>Written Action Plan <input type="checkbox"/> Initial action plan given <input type="checkbox"/> Plan updated <input type="checkbox"/> Discussed with patient <input type="checkbox"/> Copy given to patient <input type="checkbox"/> Copy given to parent <input type="checkbox"/> Copy given to/for school</p>	<p>Parent permission to interact with school? Yes___ No___ If yes, Date of permission: _____</p>	<p>Other School Forms ___ Inhaler prn at school ___ Inhaler pre-physical activity at school ___ Carry inhaler on person</p>
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