

## Actions for School Nurse

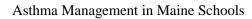
## Sample Asthma Health Intake Form

NOTE: The student's Individualized Health Plan must be updated annually including medication orders.

Student's Name	]	DOB	Grade	Today's Date		
	ardian 1 Contact Information					
Parent/Guardian 2	Contact Information					
Name of healthcare provider		Last visit	Phone	Number		
Name of pulmonologist		Last visit	Phone	e Number		
Health Insurance □ Private □ Maine	Care  Current	ly without insurance	ce 🗆 Woul	d like more information		
Current 504 Plan □ Yes □ No						
Transportation to school		home				
After-school activity participation Other medical conditions						
Age at onset of asthma	Date of student's last flare-up					
Any known triggers						
□ Illness	□ Smoke	Allergies: □ Cat □ Food:	□Dog □ I	Dust □Mold □ Pollen		
☐ Emotions (crying, laughing, stress)	☐ Physical acti	vity				
☐ Weather changes	☐ Strong odors	3	Other:			
Emergency actions has the student pr	eviously needed					
Please answer the following question	ns related to a	sthma•				
In the past 12 months, how many tir  visited the ER/Urgent Care been hospitalized overnight used oral steroids missed school notes:	nes has your chi or had an urgent	ld				
<ul> <li>In the past 4-weeks, how often has y</li> <li>had coughing, trouble breath</li> <li>used a rescue inhaler</li> <li>awakened at night</li> <li>had interruptions to their nor notes:</li> </ul>	ing, or wheezing					



Daily Medication	Dose	Route of Administration	Prescribed Time
Emergency Medication	Dose	Route of Administration	Prescribed Time
Special considerations and strategies that should be ta		Check all that apply and describe an	y considerations, precautions, or
□General			
□P.E./athletic acti	vity		
□Learning			
□Recess			
□Behavior			
□Bus/transportation	on		
□Other			
Describe student's respons	se and current	coping/adaptation to having asthma	:
Please share any goals the	student, or pa	rent/guardian would like assistance	with:
Please share concerns the	student, or par	ent/guardian would like assistance v	vith:
Please share knowledge or	r skill deficit tl	nat the student, or parent/guardian w	ould like assistance with:





Other important information for school staff to know:		
Parent/Guardian Signature:	Date:	