

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 _____

Parent/Guardian 1 _____ Contact Information _____

Parent/Guardian 2 _____ Contact Information _____

Name of healthcare provider _____ Last visit _____ Phone Number _____

Name of pulmonologist _____ Last visit _____ Phone Number _____

Health Insurance Private MaineCare Currently without insurance Would like more information

Current 504 Plan Yes No IEP Yes No

Transportation to school _____ home _____

After-school activity participation Yes No Activities _____

Other medical conditions _____

Age at onset of asthma _____ Date of student's last flare-up _____

Any known triggers		
<input type="checkbox"/> Illness	<input type="checkbox"/> Smoke	Allergies: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Dust <input type="checkbox"/> Mold <input type="checkbox"/> Pollen <input type="checkbox"/> Food:
<input type="checkbox"/> Emotions (crying, laughing, stress)	<input type="checkbox"/> Physical activity	
<input type="checkbox"/> Weather changes	<input type="checkbox"/> Strong odors	Other:

Emergency actions has the student previously needed

Please answer the following questions, related to asthma:

In the past 12 months, how many times has your child

- visited the ER/Urgent Care or had an urgent doctor's appt
- been hospitalized overnight
- used oral steroids
- missed school

notes:

In the past 4-weeks, how often has your child

- had coughing, trouble breathing, or wheezing
- used a rescue inhaler
- awakened at night
- had interruptions to their normal activities

notes:

Daily Medication	Dose	Route of Administration	Prescribed Time

Emergency Medication	Dose	Route of Administration	Prescribed Time

Special considerations and precautions: Check all that apply and describe any considerations, precautions, or strategies that should be taken:

General

P.E./athletic activity

Learning

Recess

Behavior

Bus/transportation

Other

Describe student's response and current coping/adaptation to having asthma:

Please share any goals the student, or parent/guardian would like assistance with:

Please share concerns the student, or parent/guardian would like assistance with:

Please share knowledge or skill deficit that the student, or parent/guardian would like assistance with:

Other important information for school staff to know:

Parent/Guardian Signature: _____ Date: _____