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| --- | --- |
| SAMPLE: INSERT LOGO/SAU/SCHOOL NAME | Asthma Interview SCHOOL YEAR \_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Student**Date of Birth Grade | Parent/Guardian PhoneParent/Guardian PhoneEmergency Phone |
| PulmonologistPhone Last visit |
| Pertinent history including hospitalization. | * Maine Care
 | * Private Insurance
 | * Need Information
 |

|  |  |  |  |
| --- | --- | --- | --- |
| After school activities | Age of onset | Last symptoms | Other medical conditions |
| Known Triggers☐ Illness ☐ Smoke ☐ Strong odors ☐ Emotions☐ Physical activity | Allergies: ☐ Cat ☐Dog ☐ Dust ☐Mold ☐ Pollen ☐ Food:Other: |

Answer the following questions related to asthma.

|  |  |
| --- | --- |
| In the past 12 months, how often has your child:* ER/Urgent care visit
* Hospitalized
* Used oral steroids
* Missed school
 | In the past 4 weeks, how often has your child:* Coughing, wheezing, trouble breathing
* Used a rescue inhaler
* Awakened at night due to asthma
* Had interruptions to normal activities
 |

Please be sure to list daily and emergency medications on the Annual Medical Form.

Describe considerations necessary for the school day.

|  |  |
| --- | --- |
| * Athletics/Physical Education
* Recess
 | * Classroom
* Bus/Transportation
 |

Please share any health-related goals and needed assistance.

By signing below, I permit the school nurse to share information about my student’s health with appropriate school and medical personnel for my student’s ongoing safety at school.

Parent/Gaurdian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In an emergency when assistance is needed and emergency contacts are not reached, the healthcare provider will be contacted and if necessary 911 (emergency services) will be called.*