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

|  |  |  |  |
| --- | --- | --- | --- |
| **Student**  Date of Birth Grade | Parent/Guardian Phone  Parent/Guardian Phone  Emergency Phone | | |
| Pulmonologist  Phone 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.*