Your/Your Child's Asthma Visit – What to Expect, What to Ask



Your Name:			Your Rela	Your Relationship to the Child:						
Are there	specific concerns you	want to discuss	s today? 🗆 No	🗆 Ye	S					
Have ther	e been any major chan	ges in your fam	nily lately?							
□ None	□ Move □ Job Chang	ge 🗆 Separatio	on 🗆 Divorce	□ Deat	th in the family	/ 🗆 New	/ pet			
□ Other?	Describe:									
General	Health Information. S	Since Your Las	t Visit:			Y	'es	No	Unsure	
Have you (or your child) had any ma	jor illness and/or	hospitalizations?							
Have you o	or anyone in your family (c	r your child's rela	atives) developed r	iew any r	nedical proble	ms?				
Are there a	any changes to your (or yo	our child's) medic	ations?							
Are your (d	or your child's) immunizati	ons (includes flu	and pneumonia va	accines)	current?					
Do you or	any adults who are around	d you (or your chi	ld) smoke (include	s inside	or outside the l	nouse)?				
,	or your child) been seer Yes 1-2 times 🛛 Yes 3	0	5		onths for asthr re than 6 time					
5	or your child) been hos Yes 1-2 times Yes 3				? re than 6 time	2S				
5 (your child) have any of ng, especially at night	0	5 1		5	ness, pair	ı, or p	ressure		
□ Frequer	your child) have any ea It cough, especially at n very tired or weak when	ight 🗆 Losing	your breath easil	y or sho		ath				
5 (your) child use a space No, do not have one		□ Vac comotim		Yes, seldom	□ Need	to do	not how	0.000	
		5		сз Ц	163, 36100111		10, 00	ποι παν	5 0116	
□ No □	your child) use a nebuli No, do not have one	🗆 Yes, always	□ Yes, sometim	es 🗆	Yes, seldom	□ Need	to, do	not hav	e one	
5 (your child) use a rescue No, do not have one		□ Yes, sometim	es 🗆	Yes, seldom	□ Need	to, do	not hav	e one	
Ask your (d	or your child's) doctor al	pout any specifi	c concerns about	asthma	a.					
Would y	you like to get mo	ore informa	tion on any o	of the	topics be	low?				
Medications/Treatments Sym			nptoms ł		lealth Promotion			Nutrition		
• Inhale	ers/rescue inhalers	• Asthma	triggers	• Sn	noking Cessat	tion	• н	ealthy d	iet	
· Space	ers		mptoms of	• Im	Immunizations			ealthy s	nacks	
• Nebu	lizers	Asthma	Asthma attack		Exercise routine			-		

- Pulmonary Function Tests
- Steroids
- Asthma specialist
- Herbal remedies

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.

•

.

•

When to call doctor

Dental appointment

Family Planning

Asthma symptoms

Depression

Other

•

.