

|       | place label here |
|-------|------------------|
| Name: |                  |
| UIN:  |                  |
| Date: |                  |

|          | IN   | ITIAL ASTHMA HISTORY  |   | Date:   |
|----------|--|---|---|---|
| lea      | ase circle or check a  | s appropriate:  |   |   |
|          | was diagnosed with a   |   |   |   |
|          | My Mother Father   | Sister Brother have asthm   |   |   |
| 11       | ny Moner Laner   | Sister Brother Have astring   | ia.   |   |
| . 1      | have experienced the   | following asthma symptoms:  |   |   |
|          | Cough Shortness of   |   | heezing   | Limited activity Sputum Produc  |
| N        | My symptoms occur w  | ith the following frequency:  |   |   |
|          | DA   | YS WITH SYMPTOMS  | N   | IGHTTIME SYMPTOMS   |
|          | □ Continual symp   |   |   |   |
|          | ☐ Limited physica☐ Frequent attac  |   |   | Frequent  |
|          | <ul><li>☐ Frequent attac</li><li>☐ Daily symptom</li></ul>   |   |   |   |
|          | ☐ Daily use of res   |   |   | ≥ 1 time a week   |
|          | ☐ Attacks / flares   |   |   |   |
|          |  | ≥ 2 times a week; may last days   |   | > O time on a magnetic  |
|          |  | times a week but < 1 time a day may affect activity   |   | ≥ 2 times a month   |
|          | ☐ Symptoms ≤ 2   |   |   |   |
|          | ☐ No symptoms I  | between attacks / flares<br>brief (from a few hours to a few  |   | ≤ 2 times a month   |
|          |  |   |   | or respiratory problems.  |
| . I      |  |   |   |   |
| ا .<br>ا | have / have never  | been hospitalized overnight f   | or asthma   | or respiratory problems.  |
| . I      | have / have never  |   | or asthma   | or respiratory problems.  |
| I        | have / have never  | been hospitalized overnight f<br>been in the Intensive Care Un  | or asthma<br>lit or been  | or respiratory problems.  |
| I        | have / have never  | been hospitalized overnight f   | or asthma<br>iit or been<br>toms:   | or respiratory problems.  |
| I        | have / have never have / have never  The following cause ar  | been hospitalized overnight f<br>been in the Intensive Care Un  | or asthma<br>iit or been<br>toms:   | or respiratory problems. intubated for asthma. fections   |
| I        | have / have never have / have never  The following cause ar  Exercise                                      | been hospitalized overnight f<br>been in the Intensive Care Un<br>nd/or worsen my asthma symp<br>Smoke (tobacco/wood)   | or asthma hit or been toms: Viral in Mold /                                 | or respiratory problems. intubated for asthma. fections   |
| I        | have / have never have / have never  The following cause ar  Exercise Pollen                               | been hospitalized overnight f<br>been in the Intensive Care Un<br>and/or worsen my asthma symp<br>Smoke (tobacco/wood)<br>Dust / Dust Mites   | or asthma it or been toms: Viral in Mold /                                  | or respiratory problems. intubated for asthma. fections Mildew                                  |
| I        | have / have never have / have never  The following cause ar  Exercise Pollen Animals                       | been hospitalized overnight f<br>been in the Intensive Care Un<br>and/or worsen my asthma sympo<br>Smoke (tobacco/wood)<br>Dust / Dust Mites<br>Environmental factors               | or asthma hit or been  toms:  Viral in  Mold /  Weather  Airborn            | or respiratory problems. intubated for asthma.  fections Mildew er changes he dusts / chemicals |
| ı        | have / have never have / have never  The following cause ar Exercise Pollen Animals Foods Home Environment | been hospitalized overnight f<br>been in the Intensive Care Un<br>and/or worsen my asthma symp<br>Smoke (tobacco/wood)<br>Dust / Dust Mites<br>Environmental factors<br>Medications | or asthma hit or been  toms:  Viral in  Mold /  Weathe Airborn  (laughing / | or respiratory problems. intubated for asthma.  fections Mildew er changes he dusts / chemicals |



## **INITIAL ASTHMA HISTORY (cont.)**

8.

|       | place label here |  |
|-------|------------------|--|
| Name: |                  |  |
| UIN:  |                  |  |
| Date: |                  |  |
|       |                  |  |

| 6. | I use my rescue inhaler | (for example, | Albuterol or | Ventolin) a | at the following | frequency: |
|----|-------------------------|---------------|--------------|-------------|------------------|------------|
|----|-------------------------|---------------|--------------|-------------|------------------|------------|

| NIGHTTIME                            |
|--------------------------------------|
| ☐ more than 3 times a week at night  |
| ☐ more than 1 time a week at night   |
| ☐ more than 2 times a month at night |
| ☐ less than 2 times a month at night |
|                                      |

I use my rescue inhaler pre-exercise\_\_\_\_\_ times per day / week / month.

## 7. In the past, I have used the following medications for asthma:

| Proventil Repetabs   □ Beclovent □ Vanceril □ Ventolin □ Ventolin □ Ventolin Ro   Budesonide □ Pulmicort Turbuhaler   Bitolterol □ Tornalate □ Atrovent     Flunisolide □ AeroBid, □ AeroBid-M   Fluticasone □ Flovent □ Advair   Prednisolone □ Pediapred □ Montelukast □ Singular   Prednisone □ Prednisone □ Prednisone □ Prednisone □ Brethine ta  | Proventil Repetabs   | Long-Term Co                                       | entrol Medications   | Quick-Rel            | ief Medications     |
|--|--|--|--|----------------------|---------------------|
| Beclomethasone   | Beclovent   Vanceril   Ventolin   Rotacaps   | Albuterol ext. rel.                                | ☐ Volmax   | Albuterol            |                     |
| Vanceril-DS  | Vanceril-DS  |  | Proventil Repetabs   |                      | ☐ Proventil HFA     |
| Pulmicort Turbuhaler   Intal   Intal   Ipratropium bromide   Atrovent   Methylprednisolone   Medrol   Methylprednisolone   Methylprednisolone  | Sonide   Pulmicort Turbuhaler   Intal   Inta   | Beclomethasone                                     | ☐ Beclovent ☐ Vanceril   |                      | ☐ Ventolin          |
| Intal  | Intal   Solide   AeroBid, AeroBid-M   AeroBid-M   Methylprednisolone   Medrol   Methylprednisolone   Methylprednisolon   |  | ☐ Vanceril-DS  |                      | ☐ Ventolin Rotacaps |
| AeroBid,   | Methylprednisolone   | Budesonide   | ☐ Pulmicort Turbuhaler   | Bitolterol           | ☐ Tornalate         |
| Flovent   Gluticasone   Gluticasone   Gluticasone   Gluticasone/salmeterol   Gluticasone/salmeterol   Gluticasone/salmeterol   Gluticasone/salmeterol   Gluticasone/salmeterol   Gluticasone   Gluti | Flovent   Gasone/salmeterol   Advair   Prednisolone   Pediapred   Prednisone   Pr   | Cromolyn sodium                                    | ☐ Intal  | Ipratropium bromide  | ☐ Atrovent          |
| Prednisolone   Pediapred   Prednisone   Pr | Prednisolone   Pediapred   Prednisone   Pr   | Flunisolide  | ☐ AeroBid, ☐ AeroBid-M   | Methylprednisolone   | ☐ Medrol            |
| Prednisone   Pre | Prednisone   Pre   | Fluticasone  | ☐ Flovent  | Pirbuterol           | ☐ Maxair            |
| Tilade   | Trebutaline    Tilade  | Fluticasone/salmeterol                             | ☐ Advair   | Prednisolone         | ☐ Pediapred ☐ Prelo |
| Salmeterol Serevent  Triamcinolone Azmacort  Zafirlukast Accolate  Zileuton I ACTUALLY take them as follows:  Own / do not own a peak flow meter.  own / do not own a hand held home nebulizer.  use my nebulizer times per day / week / month.  | Serevent   Serevent   Bricanyl tablet   Brican   | Montelukast  | ☐ Singular   | Prednisone           | ☐ Prednisone        |
| Triamcinolone  | Incinolone   | Nedocromil sodium                                  |  | Terbutaline          | ☐ Brethaire         |
| Accolate Zileuton  Urrently prescribed medications:  Own / do not own a peak flow meter. Own / do not own a hand held home nebulizer.  Use my nebulizer times per day / week / month.  | Iukast   | Salmeterol   | ☐ Serevent   |                      |                     |
| urrently prescribed medications:  I ACTUALLY take them as follows:  own / do not own a peak flow meter. own / do not own a hand held home nebulizer. use my nebulizer times per day / week / month.  | ntly prescribed medications:  I ACTUALLY take them as follows:  In ACTUALLY take them as follows:  In ACTUALLY take them as follows:  In Indication Indication in Indication in Indication in Indication in Indicati | <b>Friamcinolone</b>                               |  |                      | ☐ Bricanyl tablet   |
| own / do not own a peak flow meter. own / do not own a hand held home nebulizer. use my nebulizer times per day / week / month.  | ntly prescribed medications:  I ACTUALLY take them as follows:  In / do not own a peak flow meter.  In / do not own a hand held home nebulizer.  In / do not own a hand held home nebulizer.  In / my nebulizer times per day / week / month.  | Zafirlukast  | ☐ Accolate   |                      |                     |
| own / do not own a peak flow meter. own / do not own a hand held home nebulizer. use my nebulizer times per day / week / month.  | ntly prescribed medications:  I ACTUALLY take them as follows:  In / do not own a peak flow meter.  In / do not own a hand held home nebulizer.  In / do not own a hand held home nebulizer.  In / my nebulizer times per day / week / month.  | 7:louton   | □ 7vflo  |                      |                     |
| own / do not own <b>a hand held home nebulizer.</b> use my nebulizer times per day / week / month.   | ny nebulizer times per day / week / month.   |  |  | I ACTUALLY take them | n as follows:       |
| own / do not own <b>a hand held home nebulizer.</b> use my nebulizer times per day / week / month.   | ny nebulizer times per day / week / month.   |  |  | I ACTUALLY take them | n as follows:       |
| own / do not own <b>a hand held home nebulizer.</b> use my nebulizer times per day / week / month.   | ny nebulizer times per day / week / month.   |  |  | I ACTUALLY take them | n as follows:       |
| own / do not own <b>a hand held home nebulizer.</b> use my nebulizer times per day / week / month.   | ny nebulizer times per day / week / month.   |  |  | I ACTUALLY take them | n as follows:       |
| own / do not own <b>a hand held home nebulizer.</b> use my nebulizer times per day / week / month.   | ny nebulizer times per day / week / month.   |  |  | I ACTUALLY take them | n as follows:       |
| own / do not own <b>a hand held home nebulizer.</b> use my nebulizer times per day / week / month.   | ny nebulizer times per day / week / month.   |  |  | I ACTUALLY take them | n as follows:       |
| use my nebulizer times per day / week / month.   | my nebulizer times per day / week / month.   |  |  | I ACTUALLY take them | n as follows:       |
| use my nebulizer times per day / week / month.   | my nebulizer times per day / week / month.   | urrently prescribed me                             | edications:  | I ACTUALLY take them | n as follows:       |
| · · · · · · · · · · · · · · · · · · ·  |  | urrently prescribed me                             | a peak flow meter.   |                      | n as follows:       |
| use the following medicated solution in my nebulizer   | he following medicated solution in my nebulizer  | own / do not own                                   | a peak flow meter. a hand held home nebuliz                        | er.                  | n as follows:       |
| ,  |  | own / do not own                                   | a peak flow meter. a hand held home nebuliz                        | er.                  | n as follows:       |
|  |  | own / do not own own / do not own use my nebulizer | a peak flow meter.  a hand held home nebuliz  times per day / week | er.                  | n as follows:       |
|  |  | own / do not own own / do not own use my nebulizer | a peak flow meter.  a hand held home nebuliz  times per day / week | er.                  | n as follows:       |

Student Signature\_\_\_\_\_Provider Signature\_\_\_\_