



Asthma Questionnaire

To Parents:

We are glad to complete the forms for your child for school and/or daycare. Many children see an allergist or pulmonologist, or have been seen in urgent care for asthma and there can be a delay before that information is sent to us.

For the safety of your child, please complete the below information so we may be certain that the requested forms have the most updated and accurate information.

Thank you.

Please check Yes or No for the following asthma triggers:

Weather changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Colds/ infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exercise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Strong Odor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smoke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pollen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mold	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dog	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acid Reflux	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please check Yes or No for the following symptoms during an asthma attack:

Cough/Wheezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tired/weak	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest tightness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	_____				

List all asthma medicines with doses: _____

Does your child need to carry the inhaler at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Or can the inhaler be kept with the nurse (preferred)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can your child self-administer the inhaler?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Or does your child need supervision to use the inhaler?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child need the inhaler on the bus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child's Name _____ Birth Date _____

Parent's Signature _____ Today's Date _____

WWW.COMMONWEALTHPEDIATRICS.COM

OLD JAHNKE ROAD
7023 OLD JAHNKE ROAD
RICHMOND, VA 23225
(804) 320-1353

HARBOUR POINTE
6510 HARBOUR VIEW CT, STE 100
MIDLOTHIAN, VA 23112
(804) 739-8166

WESTCHESTER COMMONS
15400 WC COMMONS WAY
MIDLOTHIAN, VA 23113
(804) 549-5405