Willows Prep

ASTHMA/REACTIVE AIRWAY(RA) HISTORY FORM

Student Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____

Parent/guardian name (s): _____

Phone Home: _____ **Work:** _____ **Cell/pager:** _____

Primary Health Care Provider: _____ **Phone:** _____

Student's age at diagnosis: _____

How many times has student been to the Emergency Room for asthma/RA in the past year: _____

Any hospitalizations for asthma/RA: _____

How would you rate the severity of this student's asthma/reactive airway? ____ (from scale below)

(not severe) 1 2 3 4 5 6 7 8 9 10 (severe)

Check any conditions that usually trigger an asthma/RA episode:

- ☐ Respiratory infection
- ☐ Exposure to cold air
- ☐ Emotional stress
- ☐ Smoking
- ☐ Exercise (describe) _____
- ☐ Odors (describe) _____
- ☐ Allergic reactions to: _____
- ☐ Other_____

Estimated number of school days student missed last year because of asthma/RA: _____

Date of last medical evaluation for asthma/RA: _____

Check the signs that are usually present during an asthma/RA attack:

- ☐ Coughing
- ☐ Wheezing
- ☐ Feels frightened
- ☐ Short of breath
- ☐ Bluish color of skin/nails
- ☐ Other _____

What medications does this student take for asthma/RA (both every day and as needed [prn]):

Medication Name	**Amount**	**Delivery Method,** (inhaler nebulizer, oral, etc)	**How Often?**

Does this student use any of the following aids for managing asthma/RA?

- ☐ Peak flow meter (personal best, if known: _____)
- ☐ Spacer
- ☐ Other (specify): _____
- ☐ Holding chamber
- ☐ Holding chamber with mask

The usual procedure followed at school for asthma/RA is:

1. Allow student to use prescribed asthma medication with assistance given as needed
2. Encourage relaxation with slow deep breathing, sipping warm fluids
3. Stay with student and monitor for symptoms
    a. If symptoms decrease after 15 minutes, return to class
    b. If symptoms remain the same after 15 minutes, parent will be contacted for directions
    c. If symptoms increase in severity, will call 911, CPR will be started if needed, parents called

Parent Signature _____ Date _____