

ASTHMA HISTORY & TREATMENT FORM

SPIRIT in the PINES Camp

Child's Name _____ Date _____

Parent's Name _____ Phone (H) _____

Address _____ Phone (W) _____

Physician treating child's asthma _____ Phone _____

1. How long has your child had asthma? _____

2. Please rate the severity of his/her asthma. (circle one)

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

3. What triggers your child's asthma attacks? (Please check any that apply and describe as fully as possible.)

<input type="checkbox"/> Illness	<input type="checkbox"/> Emotions	<input type="checkbox"/> Medications
<input type="checkbox"/> Weather	<input type="checkbox"/> Exercise	<input type="checkbox"/> Smoke
<input type="checkbox"/> Foods	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Chemical odors
<input type="checkbox"/> Allergies (Please list) _____		
<input type="checkbox"/> Other (Please list) _____		

4. What does your child do at home to relieve wheezing during an asthma attack? (Please check any that apply.)

<input type="checkbox"/> Rest/Relaxation	
<input type="checkbox"/> Drinks liquids	
<input type="checkbox"/> Breathing exercises (Please describe)	
<input type="checkbox"/> Takes medication: (name medication)	<input type="checkbox"/> Inhaler _____
	<input type="checkbox"/> Nebulizer _____
	<input type="checkbox"/> Oral medication _____
<input type="checkbox"/> Other (Please describe) _____	

5. In which sports can your child fully participate?

6. What medications does your child take and how often?
Every day _____
Just for wheezing/attacks _____
Before exercise _____
Certain times of the year or when ill _____
7. What, if any, side effects does your child have from his/her medication?
8. Does your child understand asthma and what he or she should do to manage it?
9. Approximately how often does the child have an acute episode?
10. How do you want SPIRIT in the PINES staff to treat an episode of asthma if it should occur?
11. If the child does not respond to medication what action does the parent/guardian advise the SPIRIT in the PINES staff to take?

COMMENTS:

Signature of Parent or Guardian _____