ASTHMA HISTORY QUESTIONNAIRE

CHERRY TREE PRIMARY SCHOOL

Child's Name		**GP Name**	
Male/Female		**GP Tel No**	
Date of birth		**GP Address**	
Parent Home Tel No			
Parent Work Tel No			
Parent Work Tel No			

When was your child diagnosed with Asthma?			
What triggers your child's Asthma (if known)?			
Is your Child's Asthma:	☐ **Mild*** *Uses reliever blue inhaler occasionally*	☐ **Moderate*** *Uses preventer and occasional blue inhaler*	☐ **Severe*** *Uses preventer, regular reliever and other medication.*
Does your child have disrupted sleep due to Asthma?	☐ **Rarely***	☐ **Occasionally***	☐ **Frequently***
How many times (if any) has your child attended the accident and emergency (A&E) department with an acute asthma attack in the past year?	☐ **Not Attended***	☐ **Once or More***	**State how many times?**
Who monitors your child's Asthma (if under the hospital, please give name)?			
How often is your child seen by Hospital / GP / Practice Nurse	☐ Only when he/she has an Asthma attack*	☐ On a 3-6 monthly (or more frequent basis)*	☐ Annual Check Up by GP*
What Inhalers / Medications has your child been prescribed?	Reliever* (Name)	Preventer* (Name)	Any Other* (Name)
Can the family GP be contacted for information where required?	☐ **Yes***	☐ **No***	

Asthma Maintenance Plan

(this document must be kept with the Inhaler)

Name:

Class:

Name of reliever inhaler:		
Frequency of use: (Please give details of triggers, when needed and how many puffs)		
Does your child need his/her reliever inhaler before PE/sport?	☐ **Yes***	☐ **No***
If yes how many puffs required		
Does your child need assistance taking his/her inhaler?	☐ **Yes***	☐ **No***
Does your child have a clear understanding as to when he/she needs to use their Inhaler?	☐ **Yes***	☐ **No***
Does your child know where his/her inhaler is kept in school?	☐ **Yes***	☐ **No***
Does your child use a spacer when using their inhaler?	☐ **Yes***	☐ **No***
Additional Instructions:		
Parents/Carer name:		
Parents/Carer signature:		
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.	☐ **Yes***	☐ **No***
Parents/Carer name:		
Parents/Carer signature:		
Date:		
Review Due:		

Office Use:

☐ Info on Arbor
☐ Copy of Plan to Asthma File
☐ Copy of Plan to Class