CHILDREN'S ASTHMA FOLLOW-UP

QUESTIONNAIRE—Please update each visit

(best if completed by patient)

Children's Asthma Center
8203 S. Saginaw Street
Grand Blanc, MI 48439
Phone: (810) 953-3600 FAX: (810) 953-9547

Children's Asthma Center
George Y. Zureikat, M.D.

BACKGROUND INFORMATION **Today's Date:**_____

PATIENT NAME: _____**Age**: _____ Birthdate: _____ Sex: _____

Home Phone:_____ Cell: _____ Parent Work: _____

Email: _____

Pharmacy of Choice (location included): _____

Mother's Name:_____ Father's Name: _____

Family Doctor: _____ Referring Doctor: _____

MEDICATIONS/INHALERS	**Dose**	**Frequency**
☐ *Any new side effects from medicine?* ☐ *Patient uses spacer device with rescue inhaler?*		

DRUG ALLERGIES	**Reaction**

NEW ALLERGIES/RECENT TESTING	**Reaction**

SINCE LAST VISIT	**#**	**Date(s)**
☐Unscheduled doctor visits for ASTHMA		
☐ER or Urgent Care for ASTHMA		
☐Hospitalizations for ASTHMA		
☐Missed School Days for ASTHMA		
☐Oral Steroids for ASTHMA		
☐Cough, wheeze or trouble breathing while sleeping		
☐Cough, wheeze or trouble breathing upon waking		
☐Complains of chest pain or tightness		
☐Cough, wheeze or trouble breathing with exercise.		

GENERAL REVIEW OF SYSTEMS

☐ Fevers/Chills	☐ Heart pounding	☐ Runny Nose
☐ Eczema	☐ Chest Pain	☐ Sneezing
☐ Mouth-breathing	☐ Stomach Ache	☐ Sore Throat
☐ Snoring	☐ Heartburn	☐ Appetite change
☐ Difficult to wake in the morning	☐ Frequent Night-time Awakenings	☐ Unexplained weight loss/gain

UPDATES

Vaccinations are up-to-date
☐Yes ☐No

Flu Shot
☐Current Year Flu Shot Given When?_____
☐Plan to have Flu Shot When?_____
☐Do not have regular flu shots

Regular Well-Health Visits
☐Yes ☐No
Current Grade in School: _____
Pets in home? (please list)

_____

Patient exposed to smoking?
☐Yes ☐Home ☐Car ☐Alternates Homes
☐No ☐Parents smoke outside/not in car

Patient participates in SPORTS/EXERCISE?

What activity:_____
Any Exercise Limitations due to Asthma?

_____

Currently lives with: ☐ Both parents ☐ Foster Care
☐ Mother ☐Father ☐ Grandparent(s) ☐Aunts/Uncles
☐Alternates between parents ☐Siblings at home
☐ Parents divorced ☐Parents separated
☐ Other_____

NEW MEDICAL CONDITIONS