



## Asthma Information form



Name of child	
Date of birth	
What signs / symptoms can indicate that your child is having an asthma attack? eg wheezing, tight chest, stomach ache, coughing, short of breath etc	
What are your child's triggers (what things make the asthma worse or bring it on?)	
Does your child tell you when he/she needs her/his inhaler?	
Does your child need help taking her/his inhaler?	
Does your child have a preventer inhaler that s/he takes at home?	
How often does your child take her/his inhaler a day when at home for weekends or holidays?	
When was your child's asthma first diagnosed?	
When was your child's last asthma review? (These should be annually.)	
Is it your understanding that it will be a long term health issue or just a short term solution to an illness/infection?	
Is there any other information you would like us to know?	
Signature of parent / guardian and date	