

Please complete this form along and fax with the Asthma Plan, if applicable, to the School-Based Health Center at 739-2216. Thank you!

Patient: _____

DOB: _____

- ☐ This patient has no history of asthma
- ☐ This patient has exercised induced asthma
- ☐ This patient has mild (intermittent) asthma and is not on maintenance medications
- ☐ This patient has persistent asthma and is on the following medications:

NOTE: it is not necessary to complete the list of medications if an asthma plan is included!

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- ☐ This patient has severe asthma and needs close monitoring
- ☐ This patient is noncompliant with his/her asthma medications