

HEALTHCARE FEEDBACK TO PARENTS OR GUARDIANS

FROM:

Nurse Name: _____

School: _____ Phone: _____

Student's name: _____ **DOB:** _____

Parent/Guardian name: _____

Parent/Guardian phone: _____

MESSAGE:

I recently observed these symptoms for your child _____

These symptoms may be signs of asthma. It is suggested the child see a healthcare provider for further evaluation for asthma.

I am concerned about this patient for the following reason (s):

- Child has had chest tightness for _____ days
- Child has frequent cough (_____ days) unrelated to infections
- Child has had cough when participating in sports or in active play
- Child has marked shortness of breath interfering with normal activities

Other: _____

I am not requesting a specific response to this message, but wanted to share my concerns with you. If you have any questions or would like to discuss this further, please contact me at the above number.



Asthma and Allergy
Foundation of America
TEXAS CHAPTER

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