

## ASTHMA FEEDBACK FOR HEALTHCARE PROVIDER

Primary Care Provider's Name: \_\_\_\_\_

Fax No: \_\_\_\_\_ Date: \_\_\_\_\_

### FROM:

Nurse Name: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian phone: \_\_\_\_\_

### MESSAGE:

I recently observed these symptoms for your patient \_\_\_\_\_  
who has a diagnosis of asthma.

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

Patient has been using albuterol \_\_\_\_\_ times a day in school for \_\_\_\_\_ days  
(non-prophylactic use, more than 2 x a day, 3 consecutive days)

Patient has frequent cough ( \_\_\_\_\_ days) unrelated to infections

Patient 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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