

## Pre-Consult Asthma History Form for University of Missouri Telehealth Services

Patient name \_\_\_\_\_ Parent name \_\_\_\_\_  
 DOB \_\_\_\_\_ Gender \_\_\_\_\_ Consult date \_\_\_\_\_ Home zip code \_\_\_\_\_  
 Insurance carrier \_\_\_\_\_ Pt. Insur. ID \_\_\_\_\_

Please list any known and ongoing medical problems \_\_\_\_\_  
 \_\_\_\_\_

List medications on hand at home now \_\_\_\_\_  
 \_\_\_\_\_

Describe medications taken by child in the last week (drug, strength, dose, frequency)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If bronchodilators (Albuterol, Xopenex, Ipratropium) have been used in the past, list dates and duration of treatment. \_\_\_\_\_  
 \_\_\_\_\_

Did this medicine(s) help relieve symptoms? \_\_\_\_\_

Other medications used in the past for asthma, allergy and GERD \_\_\_\_\_  
 \_\_\_\_\_

Activity Impairment	Sleep Disrupted (Nights/mo)	Albuterol doses/wk Sx Relief	Days/wk having sx's	FEV1/FVC Ratio (5-11) (≥12)	%Pred FEV1	OSBs (in last 12 mo)	Asthma SickVisits (last 12 mo)	Severity
<input type="radio"/> None	<input type="radio"/> ≤ 2	<input type="radio"/> ≤ 2	<input type="radio"/> ≤ 2	<input type="radio"/> >85	<input type="radio"/> normal	<input type="radio"/> >80	<input type="radio"/> 0-1	<input type="radio"/> school
<input type="radio"/> Minor	<input type="radio"/> 3-4	<input type="radio"/> 3-6	<input type="radio"/> 3-6	<input type="radio"/> >80	<input type="radio"/> normal	<input type="radio"/> >80	<input type="radio"/> 2-3	<input type="radio"/> clinic
<input type="radio"/> Some	<input type="radio"/> >4	<input type="radio"/> daily	<input type="radio"/> daily	<input type="radio"/> 75-80	<input type="radio"/> ↓ ≤ 5%	<input type="radio"/> 60-80	<input type="radio"/> 4-5	<input type="radio"/> urg/ED
<input type="radio"/> Extreme	<input type="radio"/> nightly	<input type="radio"/> >1/day	<input type="radio"/> all day	<input type="radio"/> <75	<input type="radio"/> ↓ >5%	<input type="radio"/> <60	<input type="radio"/> > 5	<input type="radio"/> hospital

mo=months, wk=week, sx=symptoms, Pred=predicted, OSB=oral steroid bursts, yr=year, urg=urgent care, hospital=hospital admit

### Contributing Factors

Key Family Illnesses	GERD Symptoms (indigestion, sour burps, vomiting)	Nasal Sx (congestion, rhinorrhea)	Nasal secretions	Days/wk nasal sx's	Indoor triggers (where child spends >2 hours a week)	How many people in family smoke? (Does patient smoke?) O Yes O No
<input type="radio"/> Asthma	<input type="radio"/> None	<input type="radio"/> intermittent	<input type="radio"/> none	<input type="radio"/> ≤ 2	<input type="radio"/> humidifier	<input type="radio"/> none
<input type="radio"/> Allergy	<input type="radio"/> Mild	<input type="radio"/> for days	<input type="radio"/> clear	<input type="radio"/> 3-6	<input type="radio"/> indoor pets	<input type="radio"/> 1
<input type="radio"/> CF	<input type="radio"/> Moderate	<input type="radio"/> for wks	<input type="radio"/> white	<input type="radio"/> daily	<input type="radio"/> mold/water leaks	<input type="radio"/> 2
<input type="radio"/> GERD	<input type="radio"/> Severe	<input type="radio"/> for mo	<input type="radio"/> colored	<input type="radio"/> all day	<input type="radio"/> cockroaches	<input type="radio"/> 3
<input type="radio"/> TB					<input type="radio"/> wood stove/heat	<input type="radio"/> >3

CF= Cystic Fibrosis; GERD=gastroesophageal reflux disease, TB = Tuberculosis