

Name of Child: _____ DOB: ____/____/____

1. DIAGNOSIS:

Asthma: _____ Mild Moderate Severe N/A
Other Diagnosis _____

2. History of Exercise induced Asthma: Mild Moderate Severe N/A

3. Physical Findings: _____

PRN: Albuterol MDI 2 puffs or Albuterol 2.5mg nebulizer premix vials Yes No

Or _____

Pretreatment for exercise: Albuterol MDI 2 puffs or Yes No

Other Medications:	Dose:	Route:	Frequency:	To be given at school:
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Allergies (Food Allergies please include a Food Allergy Action Plan)

6. Is there a history of learning difficulties? Yes No

If yes, please explain _____

7. History of emotional/behavioral disorders? Yes No

If yes, what is current mental health diagnosis? _____

8. Individual or family psychotherapy indicated? Yes No

9. Medical adherence issues? _____

10. Influenza vaccine with parent permission? Yes No

I prescribe that the medications are to be given as listed.

I prescribe that the inhaled medications be used with an appropriate spacer.

I agree that the student may receive a dose of Acetaminophen based on student's weight once a day PRN.

I agree that the student may receive a dose of liquid antacid 10-30cc Q day PRN indigestion.

I prescribe that student may complete a normal saline nasal/sinus rinse PRN.

I am referring this student to Morgridge Academy at National Jewish Health because it is the Least Restrictive Educational Environment to manage their medical needs.

I recommend a flu shot.

Providers Phone Number Provider's Name (please print) Date

Provider's Fax Number Provider's Signature Address

