



MY CHILD'S ASTHMA

A GUIDE TO TALKING TO PROVIDERS

Use this form to help you get organized when you talk to your child's medical provider.

APPOINTMENT INFORMATION:

PROVIDER NAME:

DATE:

REASON FOR VISIT:

CURRENT HEALTH CARE PROVIDERS:

Provider name	Phone	Reason for seeing this provider

PRESCRIBED AND OVER-THE-COUNTER MEDICINES AND SUPPLEMENTS: List name, dose, and frequency. Attach more paper as needed.

Prescription name	Dose	Frequency

Pharmacy info:





SYMPTOMS AND NOTES

What symptoms has your child been experiencing?	Frequency	What symptoms has your child been experiencing?	Frequency
Coughing		Feeling nervous	
Chest tightness		Rapid heartbeat	
Wheezing		Head/nose stuffed up	
Unable to exercise		Restlessness	
Feeling tired		Fever	
Need to clear throat repeatedly		Stroking chin or throat	
Dry mouth		Using quick-relief inhaler	
Waking up at night		Other:	

Things my child does to relieve symptoms:

NEXT APPOINTMENT DATE:

Tests to schedule:

Other notes, concerns, or questions I have for my child's provider: