

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 and/or Albuterol 2.5mg nebulizer premix vials  Yes  No

Or \_\_\_\_\_

Pretreatment for exercise: Albuterol MDI 2 puffs or  Yes  No  PRN

\_\_\_\_\_

Other Medications:	Dose:	Route:	Frequency:	Comments

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