



PREPARING FOR MY INITIAL ASTHMA APPOINTMENT

Please answer these questions to make it easier for your health professional to help you manage your asthma. Please complete and bring with you to your next appointment.

1. **Patient:** What is bothering you most about your asthma? _____

Parent: What is bothering you most about your child's asthma? _____

2. Asthma control: Because of my asthma, in the last 4 weeks...

I used my blue inhaler	<input type="radio"/> No	<input type="radio"/> Yes # of times? ____/week?
I coughed, wheezed or had a tight chest	<input type="radio"/> No	<input type="radio"/> Yes # of times? ____/week?
I had a nighttime cough or woke up	<input type="radio"/> No	<input type="radio"/> Yes # of times? ____/week?
I had asthma symptoms (cough, wheeze or shortness of breath) when playing or exercising	<input type="radio"/> No	<input type="radio"/> Yes # of times? ____/week?
I missed school	<input type="radio"/> No	<input type="radio"/> Yes # of times? ____/week?

3. Current Medications

Controller/Preventer:	_____ puffs _____	<input type="radio"/> Taken daily?
Colour of puffer :	times/day	<input type="radio"/> Taken as needed?
Reliever:	_____ puffs _____	<input type="radio"/> Taken daily?
Colour of puffer :	times/day	<input type="radio"/> Taken as needed?
Other medications (eg. Singulair)	How much/day? _____	<input type="radio"/> Taken daily?
		<input type="radio"/> Taken as needed?
Other therapies?		

- At what age did your child's Asthma symptoms first start? _____
- Do you notice any obvious triggers? (circle any that apply): Viral illnesses, Exercise, Smoke, Pets, Pollens: _____ Other: _____
- How many **emergency room visits** has your child had because of breathing problems?
 In their lifetime? _____ In the last year? _____ When was the last episode? _____
 Location: _____
- How many **hospital stays** has your child had because of breathing problems?
 In their lifetime? _____ In the last year? _____ When was the last episode? _____
 Location: _____
- Has your child ever had **allergy testing**? No Yes: Doctor/Location: _____
 When ? _____ Results: _____

There are many reasons why families may have difficulties with getting help for their child's asthma. The following questions make it easier for your health professional to understand these problems and improve your child's asthma care. The average cost of asthma medications is approximately \$30-\$150/month.

Questions:

1. Are you registered for Fair PharmaCare? Yes No Unsure

Please contact them by phone 1-800-663-7100 or at www.gov.bc.ca for more information. Fair PharmaCare has introduced a monthly deductible payment option which make it easier for families to pay by spreading the cost out over the full year. Please ask us for more at your appointment if you are interested.

2. Do you have extended health benefits to help cover the cost of medications?
 Yes No Unsure

If you cannot afford transportation (ie financial barriers) to come to the appointment you may contact the Social work department for assistance PHONE: 604 875 2149. We can discuss with you if a referral to the social work department may help your family with the cost of asthma medications. Please let us know if you would like to discuss this further. Yes No

Please see the following link for information about family support resources and parking: <http://www.bcchildrens.ca/our-services/support-services/resource-centre>

Other questions?

Please contact us if you are unable to attend your appointment:

Telephone: 604- 875- 3042 or Email: asthma@cw.bc.ca

Remember to bring the following to every asthma appointment:

- All** of your child's asthma medications and asthma devices (eg. spacer, aerochamber), even if you are not using them right now.
- Asthma action plan and symptom diary (if you have one)
- Your Child's Care Card