AMERICAN LUNG ASSOCIATION®

Date _____

Dear _____, [name of provider]
We are writing about your patient, _____ Date of Birth _____.
The family was asked to schedule an appointment with you. *Parents have provided permission for us to exchange information* (attached or shown below).

The following information is being provided for your information and records.

- ❑ Missed _____ days in _____ period of time, possibly due to asthma.
- ❑ Is not complying with asthma medication at school or the treatment plan you have provided.
- ❑ Is not participating in P.E. because of symptoms related to asthma.
- ❑ Visits school health office frequently because of symptoms related to asthma .
- ❑ Has required emergency management of asthma (e.g., 911, ER referral).
- ❑ Our history and observations reveal that this student's asthma severity has changed (see chart).

	Days w/Symptoms	Nights w/symptoms	Peak Flow % Normal	PEF variability
Severe Persistent	Continual	Frequent	< 60%	> 30%
Moderate Persistent	Daily	> 4 per month	60% to 80%	> 30%
Mild Persistent	> 2 per week	3 to 4 per month	> 80%	20 to 30%
Mild Intermittent	< 2 per week	< 2 per month	> 80%	< 20%

Please help with the following, either before or after the patient's next appointment:

- ❑ Please reassess this child and his/her current medical regimen (See symptoms/severity above).
- ❑ Please send us or update the child's "Asthma Action Plan" (form attached).
- ❑ Please prescribe a Peak Flow Meter. This will allow us to better assist with management at school.
- ❑ Please prescribe a "spacer." This student's technique with MDI was observed and is not adequate.
- ❑ Requires an additional MDI _____ (medication name) at school for optimal availability/safety.
- ❑ Other

_____

Please reach us if there are questions or concerns. Thank you!
Sincerely,

_____ _____

District Medical Consultant/Healthcare Consultant (Printed and signature)

School Nurse (Printed and signature)

School: _____ Ph: (____) _____ Fax: (____) _____
Best days/time:_____

I permit my child's doctor (named above) to communicate with school staff regarding my child's asthma.

Parent's Signature _____ Date_____