Breathing Difficulty (Asthma) Symptoms History:

Age of onset of these symptoms:	_____
Seasons when symptoms are worst *(circle all that apply)*	Spring / Summer / Fall / Winter/ Year Round
Seasons when symptoms are best *(circle all that apply)*	Spring / Summer / Fall / Winter
Duration of symptoms *(circle all that apply)*	Days / Weeks at a time / Constant
Triggers for symptoms *(circle all that apply)*	Cats / Dogs / Dust / Smoke / Strong Odors / Yardwork / Windy Days / Exercise / Cold Air / Hot/Humid Air / Colds Other: _____
Have you been diagnosed with asthma?	Yes / No Age of diagnosis_____
Number of hospitalizations / Emergency Room (ER) / Urgent Care (UC) visits for asthma	# Hospitalizations _____ # ER visits_____ #UC visits _____
Days of school / work missed in past year	_____
Average Albuterol use:	____ x per Day / Week / Month / Year
Have you taken oral steroids for Asthma (e.g. Prednisone) in the last year?	Yes / No # of courses:_____
How many episodes of pneumonia have you had in your lifetime?	_____

Fill out the sections that address the symptoms you experience:

YES	NO	Symptoms	YES	NO	Symptoms
□	□	Shortness of breath	□	□	Wheezing
□	□	Coughing	□	□	Chest / throat tightness
□	□	More difficulty inhaling	□	□	More difficulty exhaling

Patient Name:_____
DOB:_____
Today's Date:_____