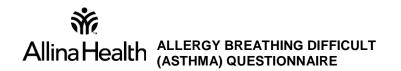
Breathing Difficulty (Asthma) Symptoms History:

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:	