



ASTHMA HISTORY QUESTIONNAIRE

Name and date of birth of child	
Year Group	
Home address and telephone number	

Name address and telephone number of GP	
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About your child's Asthma

What medication has your child been prescribed and the dosage?	
At what age did your child first experience asthma symptoms?	
Please describe your child's symptoms	
When was your child's last acute episode?	

Has your child ever needed steroids or a nebuliser? If so when was it last needed?	
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Did your child require hospital treatment?	
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Who diagnosed your child's condition?	Please circle GP/HOSPITAL/ASTHMA SPECIALIST/OTHER
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Is your child under the care of a named asthma nurse or clinic?	Please circle Yes/No
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If Yes please give name/address and telephone number	
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Can your GP be contacted for further information if required?	Yes/No
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Signature of Parent/Guardian	
Date	

Please return completed forms to:

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or
by email via: Healthcentre@newhallschool.co.uk