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| THE ROTHERHAM NHS FOUNDATION TRUST **PRIMARY CARE REFERRAL FORM FOR CHILDREN’S ASTHMA NURSE** |

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date Of Birth** |  |
| **Parent / Carer** |  |
| **Telephone Number** |  |

|  |  |
| --- | --- |
| Reason For Referral | |
|  | |
| Urgent | Yes / No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Medication | | | | | |
| Type | Drug | | Device | Dose | Frequency |
| Reliever  (SA Bronchodilator) | Salbutamol  100 micrograms | |  |  |  |
| Preventer  (Steroid) |  | |  |  |  |
| Controller  (LA Bronchodilator) |  | |  |  |  |
| Leukotriene Receptor Antagonist |  | |  |  |  |
| Other |  | |  |  |  |
| Other |  | |  |  |  |
| Inhaler Technique | | Good / Moderate / Poor | | | |
| Compliance  (Frequency of requests for maintenance medications) | |  | | | |
| Frequency Of Reliever Use | |  | | | |

|  |  |
| --- | --- |
| Medical History | |
|  | |
| Height |  |
| Weight |  |
| Triggers |  |
| Details regarding  admissions / emergency care  for asthma |  |
| Courses of steroids in last year |  |
| Courses of antibiotics in last year |  |
| Family history of atopy |  |

|  |  |
| --- | --- |
| **Social Circumstances** | |
| Exposure to cigarette smoke |  |
| Pets |  |
| Recent foreign travel |  |
| School attendance |  |
| Details of  other professionals involved |  |

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| **Additional Information** |
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| --- | --- |
| Name |  |
| Designation |  |
| Surgery |  |
| Date |  |

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| Please return to Hannah Lees, Children’s Asthma Nurse  Child Health Corridor, A Level, TRFT, Moorgate Road, Rotherham, S602UD  or email to [Hannah.Lees1@nhs.net](mailto:Hannah.Lees1@nhs.net) |