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

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

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

|  |
| --- |
| Current Medication |
| Type | Drug | Device | Dose | Frequency |
| Reliever(SA Bronchodilator) | Salbutamol100 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 |  |

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| --- |
| Medical History |
|  |
| Height |  |
| Weight |  |
| Triggers |  |
| Details regardingadmissions / emergency carefor asthma |  |
| Courses of steroids in last year |  |
| Courses of antibiotics in last year |  |
| Family history of atopy |  |

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

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

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| Please return toHannah Lees, Children’s Asthma NurseChild Health Corridor, A Level, TRFT, Moorgate Road, Rotherham, S602UDor email to Hannah.Lees1@nhs.net  |