

Asthma Review



For Patients who are due an annual asthma review

The form below is to be used by patients if your asthma is stable and controlled. If this is not the case, then you will need to attend a "face to face" asthma consultation at the practice, to review your management of your asthma and to conduct a medication review.

Please would you answer ALL the questions on the form and submit it to us at bishopston.medicalpractice@nhs.net. Alternatively you can hand the completed form into a member of the reception team at the surgery.

If your symptoms are deteriorating or you have any concerns, please make an appointment with the respiratory nurse or a doctor.

It is really important to have good oral hygiene with inhaler use. If you are not sure about this, please ask.

*** If you are using your blue inhaler more than 3 times a week on a regular basis, you will need a "face to face" review**

About This Form: You are due an annual asthma review. Please answer the questions and submit this form to us. If your symptoms are deteriorating or you have any concerns, please make an appointment with the respiratory nurse or a doctor.

Note: By using this form you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantee of absolute privacy. If this matter concerns you then you should use another method to notify us of your information.

Personal Information: Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.

Date received:

ASTHMA ANNUAL REVIEW QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

*Name <i>(Last, First):</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	*DOB:
*Home Phone:	*Mobile Phone:		*Email:
*Address:			*Postcode:

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE

1. When was your asthma diagnosed?	<input type="checkbox"/> Less than 5 years ago <input type="checkbox"/> More than 5 years ago <input type="checkbox"/> More than 10 years ago Please provide a date, if known:
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2. In the last month, have you had any difficulty sleeping because of your asthma symptoms (including cough)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, every day <input type="checkbox"/> Yes, 1-2 times each week <input type="checkbox"/> Yes, 1-2 times each month <input type="checkbox"/> Yes, 1-2 times each year <input type="checkbox"/> Yes, see below for details
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Details of sleeping difficulties:

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3. In the last month, have you had any of your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, everyday <input type="checkbox"/> Yes, 1-2 times each week
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Please give details of your daytime asthma symptoms:

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4. In the last month has your asthma interfered with your usual activities (e.g. housework, work, school etc)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If Yes, please give details:

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Fields marked with a red asterisk are compulsory.

5. How often do you use your Reliever inhaler (Ventolin)? <i>* If you are using your blue inhaler more than 3 times a week on a regular basis, you will need a "face to face" review</i>		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other, see below for details
Details of inhaler use (please inform us of any concerns regarding your blue inhaler use):		
6. Are you happy with your Preventer inhaler and how to use it correctly?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If you are not, did you know that there is an online demonstration on the Asthma UK website or, you could pop in and see your local pharmacist or the surgery to have this assessed. Correct inhaler technique is very important in the management of your asthma.		
7. Are aware of correct mouth hygiene when using your Preventer inhaler?		<input type="checkbox"/> No Contact the surgery for an appointment <input type="checkbox"/> Yes
8. Are you happy with your inhaler technique?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If you are not, did you know that there is an online demonstration on the Asthma UK website or, you could pop in and see your local pharmacist or the surgery to have this assessed. Correct inhaler technique is very important in the management of your asthma.		
9. Have had any asthma exacerbations in the last 12 months		<input type="checkbox"/> No <input type="checkbox"/> Yes You will need a new "face to face" asthma review
10. Have you attended A&E with asthma in the last 12 months		<input type="checkbox"/> No <input type="checkbox"/> Yes You will need a new "face to face" asthma review
11. Have you ever had your peak flow measured at the surgery		<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, what date was this taken?		If Yes, do you know your best PEFR value?
<p align="center">PLEASE NOTE: Peak flow measurement needs to be reviewed & estimated annually</p> <p><i>For more information on Peak Flow, please view the following website:</i> http://www.peakflow.com/top_nav/normal_values/PEFNorms.html</p>		
12. Do you have a current asthma management plan?		<input type="checkbox"/> No Please contact the surgery to make an appointment <input type="checkbox"/> Yes When was this updated as this should be reviewed annually. Date:
13. Have you had your annual seasonal flu vaccination?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, please contact the surgery to book an appointment. Flu vaccinations are available annually, between September & March <input type="checkbox"/> I decline a flu vaccination		
14. Have you ever smoked?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please answer the following:		
Do you smoke now?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, how many do you smoke each day?		
If no, when did you quit?		
There are plenty of options available to help you quit. Is this something you would like us to contact you about?		<input type="checkbox"/> Yes <input type="checkbox"/> No