

PNP Asthma, Food Allergy and Anaphylaxis Questionnaire for Parents

This form is to be filled out by parents as they drop off an Asthma Action Plan or Food Allergy/Anaphylaxis Emergency Plan for PNP doctors to complete and sign off on. The purpose of this questionnaire is to ensure that PNP has the most up-to-date information about your child, so that we can complete the required form accurately.

Child's Name: _____

Child's Date of Birth: _____

Today's Date: _____

Parent's Signature: _____

Asthma Action Form Questions

- Is your child on a daily Asthma Medicine? If so, which one and which dose.
 - _____
- Is your child capable of carrying and self-administering his/her rescue inhaler?
 - Circle one : Yes No
- If your child uses a Peak Flow Meter, what is his/her normal Peak Flow?
 - _____
- Are there any specific triggers that are known triggers of your child's asthma?
 - _____

Food Allergy and Anaphylaxis Emergency Form Questions

- What is your child allergic to? Please list all foods.
 - _____
- Does your child have asthma? If so, please fill out above portion as well.
 - Circle one : Yes No
- Has your child ever had an episode of anaphylaxis?
 - Circle one : Yes No
- Is your child capable of carrying his/her Epinephrine?
 - Circle one : Yes No
- If your child capable of self-administering his/her epinephrine?
 - Circle one : Yes No
- What is your child's current weight?
 - _____