

DR. THOMPSON RAY BOGERT

ASTHMA UPDATE

Date: _____

Patient: _____

Date of birth: _____

When was your child diagnosed with asthma or reactive airway?

What asthma medication(s) is your child taking and how often?

Does your child use breathing treatments and how often?

Has your child ever been taken to the ER or admitted to the hospital due to an asthma attack?

When was the last time your child had an asthma attack?

Signature of Parent or Legal Guardian

Date