

Asthma Risk Minimisation Plan

Child's Name		Date of Birth	
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Overview of Symptoms

How often does your child experience asthma symptoms? Please tick all that apply			
Infrequently (less than 5 times a year?)	<input type="checkbox"/>	Frequently (more than 5 times a year)	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	Most days/daily	<input type="checkbox"/>
When exercising	<input type="checkbox"/>	When sick	<input type="checkbox"/>
Infrequently (less than 5 times a year?)	<input type="checkbox"/>	Frequently (more than 5 times a year)	<input type="checkbox"/>
How do you recognise that your child is having an asthma attack? Please tick all that apply			
Wheezing (whistling noise from the chest)	<input type="checkbox"/>	Difficulty with breathing	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	Tightness in chest	<input type="checkbox"/>
How do you recognise your child's asthma is worsening? Please comment			
What are your child's asthma triggers (things that make asthma symptoms worse)? Please tick all that apply			
Exercise	<input type="checkbox"/>	Animals	<input type="checkbox"/>
Respiratory infections	<input type="checkbox"/>	Strong odours or fumes	<input type="checkbox"/>
Change in temperature	<input type="checkbox"/>	Chalk dust	<input type="checkbox"/>
Carpets in the room	<input type="checkbox"/>	Pollens	<input type="checkbox"/>
Food (please specify)	<input type="checkbox"/>	Moulds	<input type="checkbox"/>
Grass	<input type="checkbox"/>	Smoke	<input type="checkbox"/>
	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

Medication

Does your child tell you when they need asthma medication?	Yes	No
Does your child need assistance to take asthma medication?	Yes	No
Does your child take any asthma medication before exercise/play?	Yes	No
Does your child require scheduled asthma medication whilst at the centre?	Yes	No

Please list both preventative and reliever medications below			
Medication	Dose (i.e two puffs)	Method (ie puffer/spacer)	Frequency

Parent/Guardian Signed _____ Date _____

Director Signed _____ Date _____