

Amarillo Children's Pulmonology Clinic

Patient Name: _____

Paul K. Nolan, MD, FAAP

Date of

Birth: _____

Pediatric Pulmonologist, BC

#17 Care Circle

Amarillo, TX 79124

(806) 468-6277

☒ Welcome back to the Amarillo Children's Pulmonology Clinic! Please take a few minutes to tell us how everything has been since the last clinic visit. ☒

Date _____ Person completing survey _____

1. What kind of breathing problems have been present in the last 2 weeks: ___ none
___ shortness of breath ___ cough
___ chest tightness ___ wheezing (high-pitched noise when breathing out)
2. About how often were breathing problems present in the last 2 weeks?
___ None ___ ≤1 attack per week ___ >1 attack per week but < 1 attack a day
___ Daily ___ Continuous (at rest)
3. How many times in the last 2 weeks has breathing problems caused awakening from sleep?
___ None ___ ≤1 attack per week ___ >1 attack per week but < 1 attack a day ___ nightly
4. Was school or work missed because of breathing problems since the last appointment? Yes No
If so how many days: _____
5. How many hospitalizations for breathing problems since the last appointment? _____
6. How many Emergency Room or clinic visits for breathing problems or breathing problems since the last appointment? _____
7. How many times a week was a "rescue" medication (Albuterol, Maxair, Pro-Air, Proventil, Ventolin, Xopenex) used? _____
8. How many times were oral steroids (Orapred, Pediapred, Prelone, Prednisolone, Prednisone) needed since the last appointment? _____
9. Are you using a spacer? ___ Yes ___ No Is your spacer an Aerochamber? ___ Yes ___ No ___ Unknown
10. Are there any side effects with the medications? _____
11. What are the triggers for breathing problems?
___ animals ___ tobacco smoke ___ dust
___ perfumes, cleaning agents ___ cold weather ___ automobile exhaust
___ colds ___ laughing hard ___ crying hard
___ running hard ___ Other: _____
12. Have there been any changes in the home, work, or school environment (new pet, mold)? Yes No
What changes? _____
13. Does anyone live with or care for your child smoke including smoking outside or at work, and come back in or back home? ___ Yes ___ No Who smokes? _____
14. How often do you wash bed linens & blankets? _____ what temperature? _____

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15. Are pillows and mattress encased in plastic covers? Yes No

16. What Pharmacy do you use: _____ Location _____

Current medications

Medication	Dose, Number of times per day

Do you have any questions or concerns you would like us to address at this visit?

THANK YOU!