

Letter to Physicians

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Student _____ School _____

Date of Birth _____ Today's Date _____

Dear _____

We are writing about your patient, _____
 Asthma may be affecting your patient's school performance. The following information is being provided for your information and records.

- Missed _____ days in _____ period of time, possibly due to asthma.
- Is not participating in physical education because of symptoms related to asthma.
- Is not complying with asthma medication at school or the treatment plan you have provided.
- Has required emergency management of asthma (eg 911, ER referral).
- Visits school health office frequently because of symptoms related to asthma.

Our observations would suggest that this student's asthma severity may be as follows (observations are circled on chart below)

	Days with Symptoms	Nights with Symptoms	Peak Flow % Normal
Severe Persistent	Continual	Frequent	< 60%
Moderate Persistent	Daily	> 4 per month	60% to 80%
Mild Persistent	> 2 per week	3 to 4 per month	> 80%
Mild Intermittent	≤ 2 per week	≤ 2 per month	> 80%

The family was asked to schedule an appointment with you. **Parents have provided permission for us to exchange the student's health information with you (attached or shown below).** Please contact us if there are questions or concerns. Thank you! If you feel it is appropriate, please help us with the following:

- Send an Asthma Action Plan (attached form), so we can assist with your management plan.
- Student has no Peak Flow Meter. Please prescribe one so that we may better assist with management.
- Please prescribe a spacer. This student's technique with an MDI was observed and is not adequate.
- An additional MDI _____ (medication name) is needed at school for optimal availability/safety.
- Please reassess this child and his/her current medical regimen (see symptoms/severity above).
- Other _____

Sincerely,

District Medical Consultant _____ School Nurse _____
signature signature

Phone _____ Phone _____

Best days/time to call _____ Fax _____

I permit my child's doctor (named above) to communicate with school staff regarding my child's asthma.

Parent's Signature _____ Date _____