



# AH! Asthma Annals

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## LET THE PEOPLE SPEAK!

This is what the AH! Asthma Health Program learned from our anonymous patient/family surveys completed **October 2007—May 2008:**

- ⇒ **85%** responded that talking with the asthma educator was very helpful.
- ⇒ **89%** reported that learning how to use medicines/ devices was very helpful.
- ⇒ **96%** felt that they were now more confident taking care of their/their child's asthma.
- ⇒ **100%** of respondents would recommend asthma education to other patients/families with asthma.

And this is what they told us **In their own words...**

“ Let all parents know about this class in the beginning, once a child is diagnosed!”

“Our son has taken responsibility to properly use his medications! He feels so much better!!”

To Learn more about the AH! Asthma Health Program

Please call us at 662-3325

ASTHMA EDUCATOR FAX REFERRAL FORM ON BACK

# Request for Asthma Education—AH! Asthma Health Program

Date of Request: \_\_\_\_\_ Insurance: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Address: \_\_\_\_\_

Referring Physician / Primary Care Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager / inside line: \_\_\_\_\_

Consultation Urgency: Urgent (w/in 1 week) \_\_\_\_\_ Routine (w/in 2-4 weeks) \_\_\_\_\_  Please call me before seeing this patient

Primary reason for request \_\_\_\_\_

Current / Pertinent Medications: *or*,  see attached Asthma Action Management Plan

## Patient's asthma severity (NHLBI classification):

- Severe persistent
- Moderate persistent
- Mild persistent
- Intermittent
- Unknown

## Does patient currently use:

- |                    |     |    |
|--------------------|-----|----|
| - Peak flow meter? | Yes | No |
| - Spacer?          | Yes | No |

## Has patient ...

- |  |     |    |
|--|-----|----|
| - been hospitalized in past year?      | Yes | No |
| - been seen in ED in past year?        | Yes | No |
| - seen an asthma/pulmonary specialist? | Yes | No |
- If yes, name: \_\_\_\_\_

## Please note all areas of instruction needed:

- Asthma education
- Instruction on use of peak flow meter
- Instruction on use of metered dose inhaler with spacer
- Nebulizer medication instructions

Other: \_\_\_\_\_  
\_\_\_\_\_

## Diagnoses Comorbidities:

- |                                |                                     |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> CF    | <input type="checkbox"/> GERD       |
| <input type="checkbox"/> BPD   | <input type="checkbox"/> Depression |
| <input type="checkbox"/> COPD  | <input type="checkbox"/> Smoking    |
| <input type="checkbox"/> CHF   | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> CHD   |                                     |
| <input type="checkbox"/> Other |                                     |

Follow-up:  Please call me after seeing this patient  Routine written communication following consultation is adequate

I certify and/or re-certify that the above plan of treatment for asthma education and respiratory services is necessary for the care and treatment of this patient.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

## Please fax this form to an asthma educator near you and your patient:

Maine Medical Center: Rhonda Vosmus, RRT-NPS, AE-C  
Maine Medical Center: Jodie Widor, RN, AE-C  
Southern Maine Medical Center: Helen Roy, RRT, AE-C  
St Mary's Hospital: Kevin Oliveira, RN, BSN, AE-C  
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*Thank you for seeing this patient. Please call our office if we can be of further assistance. If additional referrals are made, please communicate these to the patient's PCP to help ensure that our patients receive appropriate approval for additional services.*