

Request for Asthma Education Consultation - 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
- Nebulized medication instructions
- Other: _____

Diagnosed 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
Southern Maine Medical Center: Helen Roy, RRT, AE-C
St Mary's Hospital: Kevin Oliveira, RN, BSN, AE-C
MaineGeneral Hospital: Matthew Martin, RRT, AE-C

Phone: (207) 662-3325 Fax: (207) 662-3137
Phone: (207) 283-6700 Fax: (207) 283-7606
Phone: (207) 777-8543 Fax: (207) 755-3499
Phone: (207) 872-1428 Fax: (207) 872-1725

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.