

ASTHMA CHECK-IN



**ASTHMA
AUSTRALIA**

This **Asthma Check-in** sheet can be used when you have an appointment with your doctor, nurse or Aboriginal Health Practitioner about your asthma.

It might be during or after a flare-up, or because you need an updated Asthma Action Plan or prescription. This form can help you remember what you need to ask for.

Name: _____

Date: _____

My asthma concerns and questions:

Tips for best-practice asthma management

Most people with asthma should have an inhaled corticosteroid medicine, either a preventer or anti-inflammatory reliever.

Check with your doctor which type is right for you.

I need to ask for:

Written Asthma Action Plan

Inhaler technique check*

Hay fever advice*

Lung function testing

Help to quit smoking*

More affordable medicine options

Prescription for: _____

Referral to: _____

*Your community pharmacist can also help with these.

Things you might ask about:

- Your preventer and reliever options
- More affordable options
- Specialist care options
- Your risk of thunderstorm asthma
- Your risk of oral steroid side-effects
- Environmentally friendly inhaler options.

All people with asthma need a written Asthma Action Plan. Make sure you understand how to use it to take action when your asthma starts to flare up.

Lung function test is due every 2 years.

Consider if other conditions are worsening your asthma symptoms such as:

- Hay fever
- Reflux & heartburn
- Stress & anxiety
- Other chronic conditions

Book your next appointment before you leave!

What your health professional needs to know:

How many relievers do you use? _____ per month/year

Do you have a preventer? Yes _____ No

Have you ever had a lung function test (spirometry)? Yes No

How many times have you needed oral steroids in the last year? _____ times

How many times have you been to the emergency department or admitted to hospital for asthma in the last year? _____ times

My symptoms:

In the past 4 weeks...

I had daytime asthma symptoms more than 2 days a week

I had some trouble with daily activities or exercise due to my asthma

I had some symptoms during the night or when I woke up

I needed my reliever more than 2 days a week

None of these 😊	1-2 of these 😐	3-4 of these ☹️
Your asthma appears to be well controlled	Your asthma appears to be partially controlled	Your asthma appears to be not controlled

**SMARTER
ORAL
STEROIDS**