

Recurring Cough / Wheezing/ Asthma

Name:

Age:

Sex:

Address:

Symptoms:

Please tick which ever apply

	Duration	Indoor	Outdoor	Early Morning	Noon	Night	Summer	winter	rainy	Cold Weather	Place where symptoms are more
Cough											
Wheeze											
Shortness of Breath											
Chest Tightness											
Additional Comments											

Triggers

Symptoms better with

Previous Hospital Admission : YES / NO

Previous ICU Admission : YES / NO

Other Symptoms

QOL—Sleep

QOL—School Performance

QOL— Activity Level

Eye Symptoms

Ear Symptoms

Throat Symptoms

Skin Symptoms

Nasal Symptoms

Family History of Atopy/ Allergies

Physical Examination

Nose	
Sinus	
Throat	
Chest	
Skin	
Others	

Summary

Patient by Name :	Aged :	Male/Female coming
from	Is suffering from	
Asthma :	YES / NO	
:	MILD / MODERATE / SEVERE	
:	PERSISTENT / INTERMITTENT	
Other Allergies Present :	Allergic Conjunctivits / Atopic Dermatitis / Asthma / Food Allergy Drug Allergy / Contact Allergy	
Quality Of Life :	NORMAL / FAIR / POOR	
Allergy progression :	SAME / INCREASING /DECREASING	