

YOUR ASTHMA VISIT

What to Expect, What to Ask

Your Name: _____

Are there specific concerns you want to discuss today? No Yes _____

Have there been any major changes in your family lately?

- None Move Job Change Separation Divorce Death in the family New pet Other?

Describe: _____

General Health Information. Since Your Last Visit:	Yes	No	Unsure
Have you had any major illness and/or hospitalizations?			
Have you or anyone in your family developed any new medical problems?			
Are there any changes to your medications?			
Are your immunizations (includes flu and pneumonia vaccines) current?			
Do you or any adults who are around you smoke (includes inside or outside the house)?			

Have you been seen in the emergency room in the last 6 months for asthma?

- No Yes, 1-2 times Yes, 3-4 times Yes, 5-6 times Yes, more than 6 times

Have you been hospitalized for asthma in the last 12 months?

- No Yes, 1-2 times Yes, 3-4 times Yes, 5-6 times Yes, more than 6 times

Do you have any of the following asthma symptoms currently?

- Coughing, especially at night Wheezing Shortness of breath Chest tightness, pain, or pressure

Do you have any early symptoms of an asthma attack?

- Frequent cough, especially at night Losing your breath easily or shortness of breath Feeling very tired or weak when exercising Wheezing or coughing after exercise

Do you use a spacer?

- No No, do not have one Yes, always Yes, sometimes Yes, seldom Need to, do not have one

Do you use a nebulizer?

- No No, do not have one Yes, always Yes, sometimes Yes, seldom Need to, do not have one

Do you use a rescue inhaler?

- No No, do not have one Yes, always Yes, sometimes Yes, seldom Need to, do not have one

Ask your doctor about any specific concerns about asthma.

Would you like to get more information on any of the topics below?

Medications/Treatments	Symptoms	Health Promotion	Nutrition
<ul style="list-style-type: none">• Inhalers/rescue inhalers• Spacers• Nebulizers• Pulmonary function tests• Steroids• Asthma specialist• Herbal remedies	<ul style="list-style-type: none">• Asthma triggers• Early symptoms of asthma attack• Asthma symptoms• Depression• Other	<ul style="list-style-type: none">• Smoking cessation• Immunizations• Exercise routine• When to call doctor• Family planning• Dental appointment	<ul style="list-style-type: none">• Healthy diet• Healthy snacks

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.

Buckeye Health Plan is contracted with Medicare for an HMO SNP plan, and with the Ohio Medicaid program. Enrollment in Buckeye Health Plan depends on contract renewal.

Buckeye Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-866-389-7690 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-389-7690 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-389-7690（TTY：711）。