

# Asthma & Respiratory Management BOP Inc



## Self – Referral Form

Full Name:

DOB:

Address:

Email:

Phone:

GP/Medical Centre:

Date:

**Do you have? (Please circle)**

- *Asthma*
- *COPD*
- *Another condition affecting your lungs, if so please explain*

.....

**Why do you want an appointment with us? (Please circle)**

- *Education about your condition/use of inhalers*
- *Worsening of COPD*
- *Worsening asthma symptoms*
- *Other: .....*

**Are you prescribed inhalers? (Please circle)**

YES            NO

**Do you use your inhalers every day? (Please circle)**

YES            NO

**Do you understand why and how to use your inhalers? (Please circle)**

YES            NO

**Have you been admitted to hospital with your asthma/COPD over the last 12months and if so how many times? (Please circle)**

YES            NO

**How many courses of steroids have you had over the last 12months? (Please circle)**

YES            NO

**\*\* Please note we cannot accept self-referrals for the hire of nebulisers or if you do not have a pre-existing diagnosis of a respiratory condition**