



**ASTHMA – ACTION PLAN**  
**ADDITIONAL MEDICAL INFORMATION**  
 (This form is to accompany the client at all times while off-site)



If you / your child (ie: the client) has asthma, please complete this form in consultation with your doctor, **have your doctor sign it** and return to Guide Dogs Victoria before the commencement of the program.

**PLEASE WRITE LEGIBLY**

Name of Client: \_\_\_\_\_ Date of Onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Normal maintenance medication program:**

Medication	Dosage	When

**Does the client need medication before exercise?** Yes / No

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ How many minutes before exercise? \_\_\_\_\_

Under what circumstances (eg, what degree of exercise)? \_\_\_\_\_

**Is it independently managed?** Yes / No

If Yes, how is it managed? \_\_\_\_\_

If No, what assistance is needed? \_\_\_\_\_

**What is the typical pattern of symptom development including possible “triggers”**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**What are the client's signs / symptoms of worsening asthma?** \_\_\_\_\_

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**Action plan / medication to be used when symptoms develop:** \_\_\_\_\_

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**Under what circumstances would you like staff to contact the emergency contact person?**

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**Action plan / medication to be used during a crisis situation:** If the client is not responding favourably to the treatment outlined above, Guide Dogs Victoria staff will follow standard First Aid guidelines and call an ambulance if the condition does not improve (ie: 1 puff of ventolin and 4 breaths x 4 times, wait 4 minutes and repeat if necessary and continue until the ambulance arrives)

**Under what other circumstances should an ambulance be called?** \_\_\_\_\_

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**Additional Comments**

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Emergency contact person's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Doctor's Tel. No.: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client or Parent / guardian's name: \_\_\_\_\_

Client or Parent / guardian's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_