



New Paltz

STATE UNIVERSITY OF NEW YORK

Student Health Service • Division of Student Affairs
1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415
healthservice@newpaltz.edu

Asthma History Questionnaire

Name: _____ Date of Birth: _____ Banner # _____

Permanent Address: _____

Home telephone: _____ Cell phone: _____

Family Physician: _____ Physician phone # _____

Triggers: Weather changes Colds Exercise Pets Smoke
 Stress Grass Weeds Pollen Other: _____

1. Were you ever hospitalized for asthma? Yes No
If yes, location and date: _____

2. Last asthma attack: Date: _____

3. Medications (eg. Do you use an inhaler or nebulizer?):

Comments:

PLEASE NOTE:
The Student Health Service recommends the influenza vaccine. This vaccine is available at SHS at no additional charge to students.

Signature

Date

<p>For office use only:</p> <p>Reviewed by: _____</p> <p>Date: _____</p>
