# Asthma Patient Questionnaire - University Health Service

**Once you have complete this form please email it to** **clinical.s70592@nhslothian.scot.nhs.uk** **along with any supporting documentation requested below.**

|  |  |
| --- | --- |
| Surname |  |
| First name(s) |  |
| Date of Birth | **DAY: MONTH : YEAR:** |

|  |  |
| --- | --- |
| Date of Diagnosis of Asthma | **DAY: MONTH : YEAR:** |
| Current Medication:  |  |
| Have you had any emergency admissions to hospital in the past year for your asthma? | **Yes No**  |
| If yes please provide more information: |  |
| Do you Smoke?  | **Yes No**  |