Asthma Patient Questionnaire - University Health Service

Once you have complete this form please email it to loth.patients70592@nhs.scot 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** ☐