**Data collection form – Referring patients with asthma**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient bag label** | **Date of referral** | **Reason for referral – please indicate A, B or C\*** | **Action taken following the intervention, e.g. inhaler technique check, Medicines Use Review** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Reason for referral:**

1. Patient who has asthma has been prescribed more than six short-acting bronchodilator inhalers without any corticosteroid inhaler within a six month period.
2. Patient who has asthma and is aged 5-15 years has not been prescribed a spacer device.
3. Patient who has asthma and is aged 5-15 years does not have a Personalised Asthma Action Plan.

**CONFIDENTIAL**