**Data collection form – Patients referred for a spacer device and/or PAAP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient bag label** | **Date of intervention** | **Date of referral** | **Reason for referral** |  | **GP practice** | **Action taken following the intervention, e.g. inhaler technique check, catch-up NMS, NMS** |
|  |  |  | Has not been prescribed a spacer device for a pMDI (the patient is aged 5-15 years)    Does not have a Personalised Asthma Action Plan |  |  |  |
|  |  |  | Has not been prescribed a spacer device for a pMDI (the patient is aged 5-15 years)    Does not have a Personalised Asthma Action Plan |  |  |  |
|  |  |  | Has not been prescribed a spacer device for a pMDI (the patient is aged 5-15 years)    Does not have a Personalised Asthma Action Plan |  |  |  |
|  |  |  | Has not been prescribed a spacer device for a pMDI (the patient is aged 5-15 years)    Does not have a Personalised Asthma Action Plan |  |  |  |

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