# Long Beach Alliance for Children with Asthma Referral

**A program for children with poorly controlled asthma**

**Phone: 562-933-5650 Fax: 562-427-8438**

Date of Referral _____/______/_____

**CONFIDENTIAL REFERRAL FORM**

Child's Name: ______________________________ Date of Birth: ____________________

Address: ______________________________ City: ______________Zip: ____________

Parent/ Guardian: ___________________________Relationship: __________________Primary Language: ___________

Home/ Cell Phone Number (_____)___________-__________ Alternate Phone Number(_____) ____________-____________

Best time to call___________________________ Email address: ________________________________________

Referral Source Name: __________________________ Dept: _______________________ Phone (_____)______________________

*I understand that I will be contacted by the Long Beach Alliance for Children with Asthma for more information on controlling my child's asthma. I authorized the Long Beach Alliance for Children with Asthma to contact my provider for my child's asthma information.*

_____________________________________________ __________

Signature of Parent/Guardian Date

**FOR PHYSICIAN USE ONLY**

## Participation Criteria

- ☐ **Age: under 18**
- ☐ **Must have a Regular Physician**
- ☐ **Recent uncontrolled asthma defined by:**
  - ☐ **Missed school days due to asthma**
  - ☐ **Emergency room visits for asthma**
  - ☐ **Hospitalization for asthma**
  - ☐ **Acute clinical or doctor's office visit for asthma**
  - ☐ **Urgent Care visits**
  - ☐ **Mobile van visits**
  - ☐ **Or as scored by the ACT**

## Asthma Severity Score

☐ **Severe Persistent:** Symptoms throughout the day. Nighttime awakenings for <5 yrs. old is more than once per week. ≥5 yrs. old is often 7x/week.

☐ **Moderate Persistent:** Daily symptoms. Nighttime awakenings for <5yrs. old is 3-4x per month and for ≥5 yrs. old is more than 1x per week but not nightly.

☐ **Mild Persistent:** Daytime symptoms more than 2 days per week but not daily. Nighttime awakenings for <5yrs.old is 1-2 per month and for ≥5 yrs. old is 3-4x per month.

☐ **Intermittent:** Daytime symptoms 2 days a week or less; nighttime awakenings for < 5yrs.old is none and ≥5 yrs. old is 2x per month or less

☐ **Other:** *Specify*______________________

**Provider Name:** ______________________________ **Signature:** ________________________

Phone (_____)___________-___________Fax (_____)__________-___________

Does child take asthma medication? If yes, please specify

_____________________________________________________________________________________

Has child been allergy tested? If yes, what allergies were found?

_____________________________________________________________________________________

Is there anything specific you would like us to focus on in our home visits?

_____________________________________________________________________________________

**Long Beach Alliance for Children with Asthma (LBACA) is a partnership to improve the lives of children with asthma in Long Beach and its surrounding communities.**

www.lbaca.org