



HOW TO PREPARE FOR YOUR FIRST CONSULTATION?

When you experience symptoms of asthma, it is essential to consult your healthcare provider to receive a correct diagnosis, a personalised treatment plan, and/or a referral to a specialist for further evaluation.

Our document will help you get ready to make the most of your first consultation with your healthcare provider. For many patients, having a companion with you at your consultation can be helpful.

They can assist in asking all the questions you might have and help in remembering and noting down all the important details discussed with your doctor.

Also, if you're feeling overwhelmed, having someone with you can provide that all-important emotional support and help process the information more calmly.





BEFORE your first consultation

1 Personal characteristics

Height: _____ cm

Weight: _____ Kgs

2 Symptoms

When did your symptoms start?

☐

As a child

☐

In adolescence

☐

In adulthood

Below is a list of symptoms that you are potentially experiencing. Please rate how bothersome each symptom has been for you over the past two weeks, using a scale from 0 to 5, **where 0 means no problem at all and 5 means as bad as it can be**. Also, for each symptom, please indicate how often it occurs: daily, weekly or occasionally.

Type of symptom

Symptom severity in the past two weeks

Symptom frequency



Shortness of breath

0 - 1 - 2 - 3 - 4 - 5

Daily – Weekly – Occasionally



Dry cough

0 - 1 - 2 - 3 - 4 - 5

Daily – Weekly – Occasionally



Wheezing

0 - 1 - 2 - 3 - 4 - 5

Daily – Weekly – Occasionally



Chest tightness

0 - 1 - 2 - 3 - 4 - 5

Daily – Weekly – Occasionally

Which triggers seem to make your symptoms worse?

Below is a list of potential triggers that make your symptoms worse. Please check all relevant boxes:

- ☐ Early in the morning/at night
- ☐ At work
- ☐ During exercise
- ☐ When I have a respiratory infection
- ☐ When the weather changes/cold air
- ☐ When experiencing stress/strong emotions
- ☐ When exposed to dust/chemicals/smoke/strong smells
- ☐ When in contact with animals/pollen/mould
- ☐ When eating specific foods
- ☐ When drinking alcoholic beverages
- ☐ When exposed to: _____
- ☐ Other trigger(s): _____

Other symptoms:

Check the box if you have any of the following symptoms:



Stuffy/blocked nose

☐


Runny nose

☐


Headache, Facial pain/pressure

☐


Loss of smell

☐


Mucus dripping into the back of the throat

☐


Itchy, red, or teary eyes

☐


Itchy, dry skin

☐


Sneezing

☐


Snoring

☐


Heartburn/acid reflux

☐

3 My medical history

Please indicate any medical conditions that are relevant to you by checking the appropriate boxes below. This includes both current conditions and any you may have had in the past.

Allergies

(grass/tree pollen, animal dander, house dust mite, allergic reaction to medication)

☐

Airway disease

(chronic rhinosinusitis, nasal polyp syndrome, COPD, pneumonia, chronic bronchitis, emphysema, chronic cough, use of a C-PAP machine)

☐

Cardiovascular disease

(high blood pressure, high cholesterol, heart arrhythmia, heart failure)

☐

Hormonal disorders

(diabetes, thyroid disorders, adrenal problems)

☐

Gastrointestinal disease

(gastroesophageal reflux, gastric ulcers, hepatitis)

☐

Skin disease

(atopic dermatitis/eczema, urticaria, psoriasis)

☐

Kidney disease

(renal insufficiency, chronic kidney disease)

☐

Eye disease

(cataract, glaucoma, allergic conjunctivitis, dry eye syndrome)

☐

Neurological disorders

(epilepsy, migraine, stroke, multiple sclerosis)

☐

Mental health conditions

(anxiety disorder, depression, addiction)

☐

Cancer or tumours

(benign, malignant or unknown)

☐

Auto-immune disorders

(lupus, sarcoidosis, Crohn's disease, granulomatosis with polyangiitis/GPA, rheumatoid arthritis, Sjogren's syndrome, Churg-Strauss syndrome)

☐

Other disease:

☐



BEFORE your first consultation

Family history

Please indicate if you have a family history (parents, siblings, other close family members) of:

Allergies

(grass/tree pollen, animal dander, house dust mite, allergic reaction to medication)

☐

Airway disease

(chronic rhinosinusitis, nasal polyp syndrome, COPD, pneumonia, chronic bronchitis, emphysema, chronic cough, use of a C-PAP machine, ...)

☐

Food allergy

☐

Eczema/atopic dermatitis

☐

4 My medication overview

Please list all the medications and supplements you are currently using. This includes not only tablets but also liquids like nasal sprays, syrups, and eye drops; topical treatments (creams, ointments); and any other forms of medication. Be sure to include both prescription medications and any over-the-counter treatments (those you buy without a prescription).

Example:

Medication name	Reason	Dose unit	When, how much I take
Paracetamol	Pain management	1000mg	Max. 3 times per day, 1 tablet
Hydrocortisone cream	Eczema	1% w/w	Once a day, 1 fingertip

Medication name	Reason	Dose unit	When and how much I take

1 My questions

It's helpful to think ahead about any questions you'd like to ask your doctor. You can write them down below and also note the doctor's responses. If you have a support person with you during the consultation, they may also ask questions to help you get the most out of your visit.

Be Involved in Your Healthcare: Ask These 3 Questions

When you're faced with a decision about your treatment or care, asking the right questions can help you make choices that are best for you.

Start with these three important questions:

1. **What are my options?**
2. **What are the benefits and risks of each option?**
3. **What support do I need to decide what's right for me?**

These questions are designed to help you take an active role in your healthcare.

They are based on research by Shepherd et al., showing that patients who ask these questions receive better information to guide their decisions.

2 Tips/tricks and information provided by my doctor

Taking notes during your consultation can be very helpful, especially since it can feel overwhelming to get a lot of information at once. You can even ask your doctor to help you write down the key points so you don't forget them. This might include important details about your health or condition, tips to manage it, and advice on how to use your treatment properly.

General information

Tips/tricks to help improve my condition:

Advice on how to use or take my medication/treatment correctly:



EUFOREA Tip:

To ensure you don't miss any important information, ask your doctor if you are allowed to record the consultation using your mobile phone or any other camera device.



This document does not provide medical advice!

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All patients are encouraged to direct their specific questions to their physicians.

Thank you for your trust in EUFOREA!

