

Chicago Family Asthma & Allergy, SC
2551 N Clark St, Suite 100
Chicago, IL 60614
(773) 388-2322
Fax (773) 388-2333



School Form Questionnaire

- Please complete **one questionnaire for each patient** and email to cfaa@horizonasp.net or fax to our secure electronic inbox at **773-388-2333**. You also may drop forms at our office in-person or use postal mail to send forms.
- **Complete school forms with as much information as possible** before submitting them to us.
- **It usually takes three to seven business days to complete your request.** Please be patient while waiting for us to complete these forms. We are flooded with forms seasonally and need extra time to make sure there are no errors that affect the safety of a patient with potentially life-threatening conditions.
- Rush charges: there is a **\$15 fee (not billed to insurance)** to complete forms in **two (2)** business days. There is a **\$30 fee (not billed to insurance)** for forms needed in **one (1)** business day.
- For medical liability purposes, we require annual office visits when you need medical forms or medicine refill prescriptions.
- Please answer these questions to help us complete forms accurately and quickly.

Patient name: _____ Date of birth: _____

If the condition is Food Allergy:

- What is the patient's current weight: _____
- List the food(s) the patient is avoiding to include on the form(s):

- If the school form requests the following information, please answer Yes or No:
 - o Do you permit the patient to self-administer the epinephrine injector? _____
 - o Do you permit the patient to carry the injector during the school day? _____

If the condition is Asthma:

- Is your rescue medicine albuterol (or brand names Proair, Ventolin, Proventil, other) **and/or** levalbuterol (or brand name Xopenex)? circle above or list below

- If the school form asks:
 - o Do you permit the patient to self-administer inhaler medication? _____
 - o Do you permit the patient to carry the inhaler during the school day? _____