

**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 send to email [cfaa@horizonasp.net](mailto:cfaa@horizonasp.net) or fax to our secure electronic inbox at 773-388-2333.
- Send school forms with as much information completed as possible.
- Please be patient while waiting for us to complete these forms. We need to take time to make sure there are no errors that may affect the safety of a patient with potentially life-threatening conditions. It may take up to five business days to complete forms.
- 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 most current weight: \_\_\_\_\_
- List the food(s) the patient is currently avoiding:  
\_\_\_\_\_  
\_\_\_\_\_
- If the school forms asks:
  - 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 (generic or brand names Proair, Ventolin, Proventil, other) and/or levalbuterol (generic 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? \_\_\_\_\_