

PLEASE USE WHEN PATIENT RINGS TO ADVISE OF ASTHMA/DIABETES

(Info taken by: _____ Date: _____)

<i>Patient's Details</i>	
Name:	Tel No:
D.O.B	Hospital No:
<i>Appointment Details</i>	
Type:	Date:
<i>Asthma</i>	
Do you have Asthma?	Yes / No
If Yes, What Inhalers do you use?	
Do you use Inhalers for another Condition?	Yes / No
If so, what is that Condition?	
Have you ever been admitted to hospital because of asthma?	Yes / No
<i>Oral Steroids</i>	
Are you taking Oral Steroids?	Yes / No
If yes, what is the dose and how often do you take them ?	
<i>Allergies</i>	
Do you have any Allergies?	Yes / No
If yes, please list:	
<i>Diabetes</i>	
Are you Diabetic?	Yes / No
If yes how is this controlled?	Diet / Tablets / Insulin
Are you taking Metformin?	Yes / No
If Yes, what is Brand Name?	
<p><i>Take Patient's card to Radiologist doing session who will advise if the appointment needs to be altered or if the Patient needs steroids. If the Patient needs steroids or needs their Metformin stopped, take this and Patient's card to one of the Nurses who will deal with it from there.</i></p>	
<p>Radiologist: Please indicate appropriate action:</p> <p> <input type="checkbox"/> The Patient can attend as normal <input type="checkbox"/> The Patient needs steroid cover before their examination <input type="checkbox"/> The Patient needs to have their Metformin stopped <input type="checkbox"/> Other </p> <p>Signed Date</p>	