

In- Home Asthma Program

Referral Form

Purpose:

This is a free program to provide support to families with asthma. Our professional staff has been trained to provide education, resources and support in the home for families using a proven program model, to improve the quality of life for patients, decrease unplanned doctor visits, emergency room visits, and hospitalizations. By working with families to identify and address their concerns, and by providing personalized strategies, we can help reduce the effects of triggers and severity of symptoms.

Description:

Working to support persons affected with asthma, we answer questions and engage them in the process of identifying and reducing contact with asthma triggers, while providing general support and education to improve asthma symptoms.

Eligibility

- ✓ 2 years of age or older
- ✓ An active diagnosis of asthma
- ✓ Patient is currently being treated by a primary care provider
- ✓ Patient is from the Rutland Regional Center service area
- 1 or more unscheduled visits for emergency or urgent care
- 2 or more a year primary care office visits for asthma Symptoms
- One or more in-patient Asthma related admissions
- 2 or more refills of rescue inhalers
- Exceeds 2 or more missed days of school/work or other activities related to Asthma
- Use of over the counter asthma medications

Patient name: _____ Phone: _____

Mailing Address: _____

Due to limited resources available at this time, a referral does not mean a patient is enrolled. It means that they will be contacted and screened to see if they are appropriate for the program.

Fax form to **Community Health Team Attn: Asthma 802-773-9897** or call **776-5507** for more information