

School Nurse Referral Form to School-Based Asthma Therapy (SBAT) Program

Please fax to (614) 355-6227 or email to SBAT@nationwidechildrens.org.

School Contact Information

Today's Date:

School District:

Name of school:

Referrer (school nurse name):

Nurse Telephone:

Nurse Email:

Patient Demographic Information

Child's name:

Child's DOB:

Child's grade in school:

Parent/caregiver name:

"Good" Phone Number:

Language (if other than English):

Reason for Child's Referral to SBAT Program (check all that apply)

- Frequent ER/hospitalizations
- Non-compliance with asthma medications
- No asthma provider
- Financial concerns
- Frequent school absence related to asthma
- Frequent school clinic visits related to asthma
- Re-enrollment in SBAT
- Other

Is family willing to speak to us about the program? ☐ Yes ☐ No

Does the child have an albuterol at school already? ☐ Yes ☐ No

