CHRONIC CARE MANAGEMENT PLAN

ASTHMA

**[To be completed by a licensed mental health provider, physician or other licensed health provider.]**

Please provide the following information on the applicant’s self-disclosed diagnosis of Asthma. The information provided will be used to assist Job Corps staff in determining the applicant’s health care needs and ability to successfully participate and benefit from the Job Corps program.

All information released will be handled in the strictest confidence and forwarded to the appropriate licensed health and wellness staff for evaluation and review. A copy of your patient’s authorization to release the requested information is enclosed.

1. Classification of Asthma:

☐ Intermittent—symptoms twice a week or less, brief exacerbations

☐ Mild persistent—symptoms more than twice a week, but less than daily

☐ Moderate persistent—daily symptoms

☐ Severe persistent—symptoms throughout the day

1. Age of onset:
2. List current medications and/or treatment including dosage and frequency prescribed.

1. Has applicant been compliant with prescribed medications and treatment? If no, please explain.

1. List past hospitalizations and emergency room visits, including dates, reason for admission, and include discharge summaries.

1. What is current level of control?
2. When was last appointment?
3. Will the applicant need to continue follow up under your care? If yes, please list the date and/or frequency of follow up appointments.

1. In your opinion, will the applicant be able to self-manage medications unsupervised and participate in a vocational training program. If no, please explain.

1. Does the applicant experience exercise-induced symptoms?
2. List any precipitants for this applicant’s asthma.
3. List any allergies for this applicant.
4. What is the applicant’s smoking history?
5. Is there any prior use of peak flow meter?
6. Does the applicant have documentation of health insurance?

## Are there any restrictions or limitations related to asthma? Can the applicant self-manage their asthma?

1. What accommodations, if any, do you believe are necessary for this applicant to participate in a vocational training program?

**PLEASE READ:** Job Corps is a residential career and academic training program where students at most centers live in dormitory-style residences with considerable periods of unsupervised time after 3:30 pm and free weekends. Students are expected to have independent living skills and be capable of self-management of their chronic illness. Centers have nursing staff present on weekdays and visits by a physician are scheduled with frequency determined by the size of each center.

In your professional opinion, are the applicant’s symptoms sufficiently well-controlled and expected to remain stable enough to participate in the Job Corps program with limited supervision after the training day and on weekends?    ☐ Yes☐ No   If No, please explain.

**Please sign below and return the form in the attached addressed envelope.**

###### Print Name and Title of Licensed Health Provider Signature

###### Phone Date

For any questions, please call:

Admission Counselor/Health and Wellness Staff Phone