

## Assay Questionnaire for Steroid Pharmacokinetics Studies

(Absolutely Essential Information for Interpretation)			
Patient initials Patient age Patient height *Dose given *Dose date and time	Male Female Patient weight tabletliquid	_ BSA:	
Please include a listing of other n (if known), allergies	nedications, OTCs/ natural p	products/supplements	

Briefly, what is the reason for this referral? **WORKING DIAGNOSIS** and other concomitant illnesses?

CLINICAL DETAILS: Duration of asthma: Life-threatening episodes: Hospitalizations: Intubations:		
HISTORY OF STEROID USE: Age of first steroid use: Duration of regular oral steroid Current oral steroid: Threshold oral steroid dose: # bursts/year: Typical burst schedule: To what extent is steroid burst		and for how long:
Cushingoid features Osteoporosis Myopathy/myalgia	se encircle.) Acne Hirsutism	Easy bruisability Striae Hypertension Hypercholesterolemia Joint pain/ Back pain Mood changes