

Patient Name _____

Chart No. _____ DOB _____

Asthma Symptoms

Current exacerbation?	YES	NO	YES	NO	YES	NO	YES	NO
Hosp for Asthma since last visit?	YES	NO	YES	NO	YES	NO	YES	NO
ER for Asthma since last visit?	YES	NO	YES	NO	YES	NO	YES	NO
Wheeze, cough, SOB, chest tightness (days/wk)	YES	NO	YES	NO	YES	NO	YES	NO
Night cough, wheeze, SOB, chest tightness (night/wk)	YES	NO	YES	NO	YES	NO	YES	NO
Cough / wheeze w/exercise	YES	NO	YES	NO	YES	NO	YES	NO
Freq of β – agonist use? (days/wk)	YES	NO	YES	NO	YES	NO	YES	NO
Peak flow (best / predicted)	YES	NO	YES	NO	YES	NO	YES	NO

Physical Exam

HEENT				
Chest				

Current Symptoms

Severity of Asthma	M. Int Moderate	M. Pers Severe	M. Int Moderate	M. Pers Severe	M. Int Moderate	M. Pers Severe	M. Int Moderate	M. Pers Severe
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Medications

Albuterol (type/dose/freq)				
Long acting β – agonist				
Inhaled corticosteroid				
Combination drugs				
Cromolyn / Nedocromil				
Leukotriene modifier				
Systemic steroid				
Astihistamine				
Nasal steroid				
Other				

Flu shot	YES	NO	YES	NO	YES	NO	YES	NO
Referral (specialist)	YES	NO	YES	NO	YES	NO	YES	NO

Education

Plan given/reviewed	YES	NO	YES	NO	YES	NO	YES	NO
Allergen control	YES	NO	YES	NO	YES	NO	YES	NO
How to use MDI	YES	NO	YES	NO	YES	NO	YES	NO
How to use spacer	YES	NO	YES	NO	YES	NO	YES	NO
How to use PFMeter	YES	NO	YES	NO	YES	NO	YES	NO
How to use nebulizer	YES	NO	YES	NO	YES	NO	YES	NO

Signature _____ Initials _____