

ASTHMA PROGRESS CHART NOTE

Patient Name: _____ DOB: _____ Age: _____ Patient ID#: _____

Physician: _____ Date: _____ Phone Number: _____

BP: _____ HR: _____ Peak Expiratory Flow Rate (PEFR): _____ Height: _____ Weight (lb): _____

Clinical Data - Chief Complaint

Symptoms: Cough, wheeze, SOB, chest tightness # Days Sx in last 4 weeks # Nights Sx in last 4 weeks

Are symptoms Exercise-induced? Y N Unk # Asthma-related ER visits in past 6 mos _____

Missed school/work days in last 4 wks _____ # Asthma-related Hospital stays in past 6 mos _____

Days/week - exposure to Second Hand Smoke in last 4 wks _____

Smoking: _____ Pack(s)/Day Quit > 12 mos ago Quit < 12 mos ago

Spirometry	% Predicted		Exercise Tolerance (circle)	Asthma Classification (circle) (General Symptom Frequency)
	Pre	Post		
FVC _____	_____	_____	Poor Fair Good	Mild Intermittent (< 2 x wk) Mild Persistent (> 2 x wk, < daily) Moderate Persistent (daily; almost daily inhaler) Severe Persistent (continual; limited activities)
FEV1 _____	_____	_____		
%FEV1 _____	_____	_____		
FEF 25-75 _____	_____	_____		
PEFR _____	_____	_____		

Physical Exam:	Normal	If abnormal, describe:
Skin		
Ears/Eyes/Nose/Throat/Mouth		
Head/Neck/Nodes		
Cardiovascular		
Chest		

Education – Today's Action:	Y	N	Treatment: Long-Term Control: (Specify)
Peak Flow			Anti-inflammatory
Use of Medications			Inhaled Corticosteroid/Combination
Recommend Asthma Management Program			Cromolyn/Nedocromil
Asthma Management Plan Updated			Leukotriene Antagonist
Setting Self-Management Goal			Long-Acting Bronchodilator
Reducing Exercise-Induced Symptoms			Treatment: Quick Relief
Smoking Cessation: Referred to Class			Short-Acting Beta Agonist
Tobacco and Second Hand Smoke			Albuterol
Other Environmental Triggers			Other
Other			Other
Other			Other

Notes/Comments:

Signature of Person Completing Form _____ Date _____ Follow up _____ days/weeks/months