ASTHMA VISIT DOCUMENTATION FORM



Name:					Date:		
istory number: Peak flow personal best:							
CLASSIFICATION (circ	cle approp	riate category)					
Use of quick-acting medication Night-time waking Symptoms interference FEV _y PEF (% pred.)		1: Mild interm < 2 times/w ≤ 2 times/mo Not at all unless w ≥ 80 perce	eek onth ith attack	2: Mild persistent 3 to 6 times/week 3 to 4 times/month Only with lots of activity ≥ 80 percent	3: Moderate persistent Daily > 5 times/month Only with moderate activity > 60 percent, < 80 percent	4: Severe persistent All the time Frequent With any activity ≤ 60 percent	
Type of visit: BP:		Acute / FU / E	duc.	Triggers:Social issues:			
HT/WT: Pulse: RR:		O ₂ Sat: _		Tobacco exp.:			
Days with Sx (#/wk): Current severity score:	-	1 2 3	4		last visit? Y N Dates: last visit? Y N Dates:		
Bronchodilator: Controller:							
Peak flow: Pre:			Post:		gers this visit:		
Pertinent ROS:	Derm:		GI:	ENT	:	Other:	
Physical exam: HNT:							
	CV:						
Pulm:			wheezes				
				I:E			
Treatment notes:	Other:						
Assessment:		a					
	2. 3.						
Plan:							
· iuiii	2.						
	3.						
TEACHING		Review / Upda:	te		Reviev	v / Update	
Action plan/Education:		, 		Trigger avoidance/coping:			
Smoke/Environment:					neds:		
Peak flow:				What asthma is:			
Use of MDI/spacer/neb:				Exercise:			
Other:				School/work iss	sues:		
Planned F/U					./NP:		

