

Asthma Flow Sheet

Patient Name: _____

Age at Onset of Symptoms: _____

Date						
Severity Category						
Environmental Control <input type="checkbox"/> Smoking <input type="checkbox"/> Dust <input type="checkbox"/> Allergens <input type="checkbox"/> Cockroaches						
Medication Review						
Medication Renewal						
Peak Flow						
Diary Review						
MDI Technique Review						
Flu Shot						
Asthma Plan-						
▪ Maintenance Plan						
▪ Emergency Plan						
Growth Chart						
Pulmonary Function Test						
Quality of Life Assessment In last 2 weeks, how many days of school have you missed?						
Other Health Care Providers-						
<input type="checkbox"/> Specialist Referral						
<input type="checkbox"/> Asthma Advisor						
<input type="checkbox"/> Home Health Nurse						
<input type="checkbox"/> Social Worker						
<input type="checkbox"/> Respiratory Therapist						
<input type="checkbox"/> School Nurse-						
Provider Initials						

Schedule for Asthma Office Visits:

Severe persistent	Every 1-2 months & as often as needed to establish control
Moderate persistent	Every 3 months
Mild persistent	Every 6 months
Mild intermittent	Every 6-12 months

Adapted from NICHQ materials by the Indiana Chronic Disease Management Program
Asthma Task Force 11/2003