Asthma Initial Visit

Date:_____

Patient Name/Stamp:_____

Concerns / Asthma Medical History

Today's visit: ☐New Diagnosis ☐Sick ☐Hospital/ED f/u
Asthma History: Date of Diagnosis:_____
What causes/triggers asthma?: ☐ URI ☐ Smoke ☐ Exercise ☐ Weather/Season ☐ Allergic Rhinitis ☐ Air Pollution ☐ Allergies (animal/pollen/roach/food) ☐ Household Products or Sprays ☐ Dust/Carpet/Upholstery/Blinds ☐ Emotions ☐ Nighttime ☐ After Eating (GERD) ☐On the Job (dust/vapors)
Concerns: ☐None ☐Issues:_____
Pets in House: ☐ Cat ☐ Dog ☐ Bird ☐ Other:_____
Smokers in House: ☐ Patient ☐ Parent ☐ Relative ☐ Other_____
What are symptoms and duration?_____
_____

Current Medications

Controller(s)_____
_____
Reliever(s)_____
_____

Adherence: ☐ Good ☐Fair ☐ Poor
Spacer Use: ☐ Always ☐ Sometimes ☐ Never
Inhaler Technique: ☐ Good ☐Fair ☐ Poor

Measures of Morbidity –

FREQ of Rescue Medication Use: ☐<2X/week ☐Other:_____
ORAL STEROIDS/year: ☐None ☐Number of exp._____
SCHOOL DAYS MISSED/month: ☐None☐Number:____
SLEEPLESS NIGHTS/week: ☐None ☐Number:_____
URGENT VISITS/month: ☐None ☐Number_____
ED VISITS/month: ☐None ☐Number_____
HOSPITALIZATIONS/year: ☐None ☐Number_____
INTUBATIONS/ever:☐None ☐Number____ ☐Dates

Additional Comments:_____
_____
_____
_____
_____

Current Symptoms (please circle appropriate category in each column)

Step Class*		**Day: coughing, wheezing, SOB or chest tightness?**	**Night: coughing, wheezing, SOB, or chest tightness?**	**PEF OR FEV_1 PEF Variability**
4	Severe Persistent	All Day Long	Frequent	≤60% > 30%
3	Moderate Persistent	Every Day	>5/month	≥ 60% - < 80% > 30%
2	Mild Persistent	3-6/week	3-4/month	≥ 80% 20 – 30%
1	Mild Intermittent	≤ 2days/week	≤ 2nights/month	≥ 80% < 20

*When determining step class, select highest classification that a patient scores.

Physical Examination

Weight kg	**%ile**	**Height cm**	**%ile**	**Pulse**	**RR**	**BP**

GENERAL: ☐Normal ☐Abnormal:_____
SKIN: ☐Normal ☐ Abnormal:_____
HEENT: ☐Normal ☐ Abnormal:_____
NECK: ☐Normal ☐ Abnormal:_____
CHEST: ☐Normal ☐ Abnormal:_____
CV: ☐Normal ☐ Abnormal:_____
ABDOMEN: ☐Normal ☐ Abnormal:_____
EXTREMITIES: ☐Normal ☐ Abnormal:_____

Peak Flow
Usual Best Peak Flow_____
Lowest Peak Flow _____
Today in office _____
Spirometry (if available)

	% Predicted	% Change
FEV_1	_____	_____
FEV_{25-75}	_____	_____
FVC	_____	_____

Diary Reviewed ☐ Yes ☐No

Other Labs:

Test	Results	Date

Tobacco 5 "A"s
☐ **ASK**: Smoking
☐ Active ☐ Passive
☐ **ADVISE:** Tobacco Users to quit
☐ **ASSESS:** Readiness to Quit
☐ Yes in next 30 d ☐ Yes in next 6 mos ☐ No
☐ **ASSIST:** Provide Brief Counseling
☐ Quit Plan ☐ Quit Date ☐ Nicotine Replace/Zyban
☐ **ARRANGE:** Follow up ☐ Next Visit ☐ Class/Program
☐ Passive Smoking Advice

Assessment
1._____

2._____

Does current severity match current therapy? ☐Yes ☐No
If severity rating is lower than current therapy, step down.
If severity rating is higher than current therapy, step up.
Complicating Factors: ☐ None ☐Sinusitis ☐Rhinitis
☐ GERD ☐ Other_____

Immunizations
Need influenza vaccine? ☐ Yes ☐ No
Needs 2nd dose in 1 month? ☐ Yes ☐ No
☐ Risk/benefits discussed
☐ Consent obtained

Classification of Current Severity
☐ *Severe Persistent*
☐ *Mild Persistent*
☐ *Moderate Persistent*
☐ *Mild Intermittent*

Teaching Needed	Done
☐ General information about asthma	☐
☐ Smoking/Environment	☐
☐ Peak Flow Monitoring	☐
☐Use of MDI and Spacer	☐
☐Action Plan	☐
☐ Partnership with school/daycare	☐
☐ Self-Management Goals	☐
☐ Other_____	☐
☐ Handouts	☐

Plan
Controllers: ☐ Flovent ☐ Pulmicort ☐ Other:_____
Relievers: ☐ Albuterol MDI ☐ Albuterol Neb
Complicating Factors: ☐ Nasal Steroid ☐ Other:_____
☐ Peak Flow Prescribed Today
☐ Written Action Plan on Chart
☐ Written Action Plan – copy for school

Teaching done by:_____
_____
Comments:_____
_____
_____
_____
_____

Follow Up
☐ Severe Persistent (Every 1-2 months)
☐ Moderate Persistent (Every 3 months)
☐ Mild Persistent (Every 6 months)
☐ Mild Intermittent (Every 6-12 months)

Provider Signature:_____