tial V	isit							
					Patier	nt Name/Stamp:		
cerns / Asthma Medical History						ıres of Morbidity –		
ay's visit: □New Diagnosis □Sick □Hospital/ED f/u						of Rescue Medicati	on Use: □<2X/week	
ma History: Date of Diagnosis:								
t causes/triggers asthma?: URI Smoke Exercise						L STEROIDS/vear: [□None □Number of exp.	
Veather/Season						SCHOOL DAYS MISSED/month: □None□Number:		
						SLEEPLESS NIGHTS/week: None Number:		
fter Eating (GERD) □On the Job (dust/vapors)						URGENT VISITS/month: ☐None ☐Number		
in House, D Cot D Dog D Dind D Others						ED VISITS/month: None Number		
Patient	Parent \square	Relative	Other		11051	•		
ind dura	tion?		- <i></i>		INTU	BATIONS/ever:□N	one □Number □Dates	
18					_ 	ional Commontes		
troller(s)						ionai Comments:		
				=				
ptoms	(please circle	appropri					DEE OD EEU	
Step Class*							PEF OR FEV	
						DB, or chest	PEF Variability	
			SOD UI C	nest		JD, or thest		
			tightness'	9		ohtness?		
	Severe Persis	tent	tightness:		tiş	ghtness?	<60%	
	Severe Persis	tent	tightness : All Day L		tiş	ghtness? requent	≤60% > 30%	
			All Day L	ong	tiş Fı	equent	> 30%	
	Severe Persis Moderate Per			ong	tiş Fı			
		sistent	All Day L	ong	tig Fr	equent	> 30% > 60% - < 80%	
	Moderate Per	sistent	All Day L Every Day	ong	tig Fr	equent 5/month	> 30% > 60% - < 80% > 30%	
	Moderate Per	sistent nt	All Day L Every Day	v	ti ₁ F1	equent 5/month	> 30% > 60% - < 80% > 30% ≥ 80% 20 - 30% ≥ 80%	
nining	Moderate Per Mild Persister Mild Intermit	sistent nt tent	All Day L Every Day 3-6/week ≤ 2days/w	ong y veek	tiq Fr >5 3-	requent 5/month 4/month 2nights/month	> 30% > 60% - < 80% > 30% = 80% 20 - 30%	
_	Moderate Per Mild Persister Mild Intermit	sistent nt tent	All Day L Every Day 3-6/week ≤ 2days/w	ong y veek	tiq Fr >5 3-	requent 5/month 4/month 2nights/month	> 30% > 60% - < 80% > 30% ≥ 80% 20 - 30% ≥ 80%	
mining s	Moderate Per Mild Persister Mild Intermit	sistent nt tent	All Day L Every Day 3-6/week ≤ 2days/w	ong y veek	tiq Fr >5 3-	requent 5/month 4/month 2nights/month	> 30% > 60% - < 80% > 30% ≥ 80% 20 - 30% ≥ 80%	
xamin	Moderate Per Mild Persister Mild Intermit tep class, select ation	sistent nt tent t highest	All Day L Every Day 3-6/week < 2days/w t classificate	y veek tion that a	ti; F1	requent 5/month 4/month 2nights/month	> 30% > 60% - < 80% > 30% ≥ 80% 20 - 30% ≥ 80%	
_	Moderate Per Mild Persister Mild Intermit tep class, select ation Height	sistent nt tent	All Day L Every Day 3-6/week ≤ 2days/w	ong y veek	tiq Fr >5 3-	requent 5/month 4/month 2nights/month	> 30% > 60% - < 80% > 30% ≥ 80% 20 - 30% ≥ 80%	
xamin	Moderate Per Mild Persister Mild Intermit tep class, select ation	sistent nt tent t highest	All Day L Every Day 3-6/week < 2days/w t classificate	y veek tion that a	ti; F1	requent 5/month 4/month 2nights/month	> 30% > 60% - < 80% > 30% ≥ 80% 20 - 30% ≥ 80%	
xamin	Moderate Per Mild Persister Mild Intermit tep class, select ation Height	sistent nt tent t highest	All Day L Every Day 3-6/week < 2days/w t classificate	y veek tion that a	ti; F1	requent 5/month 4/month 2nights/month	> 30% > 60% - < 80% > 30% ≥ 80% 20 - 30% ≥ 80%	
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	Medical w Diagno e of Diag asthma asthma pollen/ro pet/Upho RD) □C □Issue t □ Do □ Patient and durat ss □ S □ Good	Medical History w Diagnosis □Sick □ e of Diagnosis: asthma?: □ URI □ S □ Allergic Rhinitis □ pollen/roach/food) □ pet/Upholstery/Blinds □ RD) □On the Job (dus □Issues: at □ Dog □ Bird □ C □ Patient □ Parent □ and duration? ISSUEST □ Poor ys □ Sometimes □ □ Good □Fair □ D	Medical History w Diagnosis □Sick □Hospital. e of Diagnosis: asthma?: □ URI □ Smoke □ □ Allergic Rhinitis □ Air Pol pollen/roach/food) □ Househo pet/Upholstery/Blinds □ Emoti RD) □On the Job (dust/vapors) □Issues: at □ Dog □ Bird □ Other: □ Patient □ Parent □ Relative and duration? ISSUES: INSUES: I	Medical History w Diagnosis □Sick □Hospital/ED f/u e of Diagnosis: asthma?: □ URI □ Smoke □ Exercise □ Allergic Rhinitis □ Air Pollution pollen/roach/food) □ Household Product et/Upholstery/Blinds □ Emotions □ Nig RD) □On the Job (dust/vapors) □Issues: at □ Dog □ Bird □ Other: □ Patient □ Parent □ Relative □ Other and duration? IS I □Fair □ Poor ys □ Sometimes □ Never □ Good □ Fair □ Poor ptoms (please circle appropriate categor wheezing	Medical History w Diagnosis □Sick □Hospital/ED f/u e of Diagnosis: asthma?: □ URI □ Smoke □ Exercise □ Allergic Rhinitis □ Air Pollution pollen/roach/food) □ Household Products or pet/Upholstery/Blinds □ Emotions □ Nighttime RD) □On the Job (dust/vapors) □Issues: at □ Dog □ Bird □ Other: □ Patient □ Parent □ Relative □ Other and duration? ISSUERSIAN □ Poor Supplies □ Sometimes □ Never □ Good □Fair □ Poor	Medical History W Diagnosis	Medical History w Diagnosis	

Peak Flow	Other Labs:				
Usual Best Peak Flow	Test Results Date				
Lowest Peak Flow Today in office					
Spirometry (if available)					
% Predicted % Change					
FEV ₁					
FEV ₂₅₋₇₅					
Diary Reviewed Yes No					
Tobacco 5 "A"s	Assessment				
□ ASK: Smoking	1				
☐ Active ☐ Passive					
☐ ADVISE : Tobacco Users to quit	2				
☐ ASSESS: Readiness to Quit					
☐ Yes in next 30 d ☐ Yes in next 6 mos ☐ No	Does current severity match current therapy? □Yes □No				
☐ ASSIST: Provide Brief Counseling	If severity rating is lower than current therapy, step down.				
☐ Quit Plan ☐ Quit Date ☐ Nicotine Replace/Zyba	If severity rating is higher than current therapy, step up.				
☐ ARRANGE: Follow up ☐ Next Visit ☐ Class/Pr	rogram GERD Other				
☐ Passive Smoking Advice					
Immunizations	Classification of Current Severity				
Need influenza vaccine? ☐ Yes ☐ No	☐ Severe Persistent				
Needs 2nd dose in 1 month? ☐ Yes ☐ No	☐ Mild Persistent				
□ Risk/benefits discussed	☐ Moderate Persistent				
☐ Consent obtained	☐ Mild Intermittent				
	→ Mua Intermittent				
Teaching Needed Done	Plan				
☐ General information about asthma ☐	Controllers: ☐ Flovent ☐ Pulmicort ☐ Other:				
☐ Smoking/Environment ☐	Relievers: Albuterol MDI Albuterol Neb				
☐ Peak Flow Monitoring ☐	Complicating Factors: ☐ Nasal Steroid ☐ Other:				
☐Use of MDI and Spacer ☐	☐ Peak Flow Prescribed Today				
□Action Plan □	☐ Written Action Plan on Chart				
☐ Partnership with school/daycare ☐	☐ Written Action Plan – copy for school				
□ Self-Management Goals □ □ Other □					
□ Handouts □					
La Handouts					
Tanakina dana kan	Faller, H.				
Teaching done by:	Follow Up				
Comments	☐ Severe Persistent (Every 1-2 months)				
Comments:	☐ Moderate Persistent (Every 3 months) ☐ Mild Persistent (Every 6 months)				
	☐ Mild Intermittent (Every 6-12 months)				
	□ wind intermittent (Livery 0-12 infolities)				
Duovidon Signatura					
Provider Signature:					