

Asthma Visit

Name _____

Date _____ Child's Age _____

History

Chief Complaint _____
 School/daycare days missed (last 12 mos) _____
 Parents' missed work days (last 12mos) _____
 Day-time wheezing (#days/wk) _____
 Night-time symptoms (#nites/wk) _____
 Wheezing with play/exercise
 Always ___ Sometimes ___ None ___
 Albuterol use (# days/week) _____
 ER visits/hospitalizations _____
 Tobacco exposure Y ___ N ___
 Eczema Y ___ N ___ Nasal Sx: _____

School

School: _____; phone # _____
 School nurse: _____
 Rescue inhaler *at school*? ___Y ___N
 PE/recess Activity Problems? ___Y ___N
 Explain:
 # days/week needing prn albuterol at school _____
 Asthma Action Plan *at school*? ___Y ___N
 Peak Flow Meter *at school*? ___Y ___N
 Other _____

Type of visit [] SICK [] WELL [] Follow-Up

Sick Visit History

Current Medications

	Medication	Dosage	Route	Compliance
1				
2				
3				
4				
5				
6				

Physical Exam

Ht. _____ Wt. _____

Temp _____ HR _____ RR _____
 General _____
 HEENT TM _____ Nose _____
 Throat _____
 Lungs _____ CV _____
 Abd _____ Skin _____
 Other: _____

Peak Flow _____ Predicted _____ Personal Best _____

Pulse Ox _____ Spirometry: _____;

In-Office Interventions

Treatment	Wheeze	Air Exchange	O ₂ Sat

[] Steroids _____
 [] Other _____

Impression Asthma Classification

[] Mild Intermittent [] Mild Persistent [] Moderate Persistent [] Severe Persistent [] Exacerbation
 Other Diagnosis _____

Education

[] Inhaler [] Spacer [] Peak Flow [] Environment [] Smoking Cessation referral

Plan

[] Continue same meds
 [] Medications Changes

[] **Flu Shot**

[] **Referral to allergist/ asthma specialist**

Written Action Plan

[] Initial action plan given
 [] Plan Updated
 [] Discussed with patient
 [] Copy given to patient
 [] Copy given to parent
 [] Copy given to/for school

Additional Clinical Note

[] **School forms**

___ Inhaler prn at school
 ___ Inhaler pre-Phys Active at school
 ___ Carry inhaler on person