### Personal Best
- **PEAK FLOW**
  - Personal best: [Blank]
  - Expected: [Blank]
  - Today: [Blank]
  - Recent low: [Blank]

### Respiratory History
- Premature: [Blank] Yes [Blank] No
- Chronic lung dz (BPD): [Blank] Yes [Blank] No
- Age asthma first dx’d: [Blank]
- Family History: [Blank] Yes [Blank] No
- RSV: [Blank] Yes [Blank] No (Date: [Blank]
- ER visits in the last 6 months: [Blank]
- Hospitalizations/ICU/intubated in the last 3 months: [Blank]

### Triggers
- Cigarette smoke: [Blank] Yes [Blank] No
- Cold/Flu: [Blank] Yes [Blank] No
- Environment: [Blank] Yes [Blank] No
- Chemicals: [Blank] Yes [Blank] No
- Pets: [Blank] Yes [Blank] No
- Exercise: [Blank] Yes [Blank] No
- Other: [Blank]

### Asthma Action Plan
- Action plan completed, reviewed, and sent with pt/parent
- Action plan/encounter form sent to: [Blank] HPSM [Blank] School [Blank] Other provider [Blank]

### Education
- **Needed**
  - Symptoms / warning signs: [Blank]
  - Smoking/environment/pets: [Blank]
  - Other triggers: [Blank]
  - Use of MDI and Spacer: [Blank]
  - Peak flow / monitoring: [Blank]
  - Partnership w/ school/daycare: [Blank]
  - Safety / development: [Blank]
  - Other: [Blank]

- **Done**
  - Symptoms / warning signs: [Blank]
  - Smoking/environment/pets: [Blank]
  - Other triggers: [Blank]
  - Use of MDI and Spacer: [Blank]
  - Peak flow / monitoring: [Blank]
  - Partnership w/ school/daycare: [Blank]
  - Safety / development: [Blank]
  - Other: [Blank]

### Training
- Patient uses spacer/ reviewed: [Blank]
- Patient uses peak flow meter/ reviewed: [Blank]
- Asthma diary sent with patient: [Blank]

### Follow Up
- **Next visit:** [Blank]
- **Referral:** [Blank]