

# ASTHMA VISIT PLANNER

Date: / /

Time:

Place Vitals Sticker Here

## HISTORY

**REVIEW of SYSTEMS**  
 PAST MEDICAL HISTORY  
 GENERAL  
 HEAD  
 EYES  
 EARS  
 NOSE  
 MOUTH AND THROAT  
 NECK  
 TEETH  
 BREASTS (female)  
 LUNGS  
 GENITALIA  
 EXTREMITIES  
 BACK  
 SKIN  
 NEUROLOGIC  
 HEART  
 ABDOMEN

Family/Social Hx (including housing, pets, ETS exposure, etc.):

**ER Visits** (Dates in last 6 months)

**Hospitalizations** (dates in last 6 months)

**# Days of Daycare/School Missed** (last 3 months)

**# Oral Steroid Bursts** (last 6 months)

**Asthma Symptoms** Days/Wk  
Nights/Wk

**Albuterol Use, # Days/Wk**

**SPIROMETRY** (Pre-albuterol)

FVC - % PREDICTED

FEV1 - % PREDICTED

FEV1/FVC

FEF 25-75% PREDICTED

PEFR - % PREDICTED

**MEDICATIONS**

Short-Acting Beta Agonist

Inhaled Corticosteroid

## PHYSICAL EXAM

HEAD  MALE/TESTES DOWN  
 EYES  FEMALE  
 EARS  FEMALE  
 NOSE  FEMALE  
 MOUTH AND THROAT  
 NECK  
 TEETH  
 BREASTS(female)  
 LUNGS

MALE/TESTES DOWN  
 Tanner stage

FEMALE  
 Tanner stage

EXTREMITIES  
 BACK  
 SKIN  
 No striae/hirsutism  
 No acanthosis nigricans

NEUROLOGIC  
 HEART  
 ABDOMEN

Abnormal findings and comments

Leukotriene Modifier

Combination Inhaled Product

Other

**NOTES**

Care Coordination needed?  
 Yes  No

**CO-MORBIDITIES**

(Enter condition name /Diagnosis)

## IMPRESSION AND PLAN

### Asthma Severity Assessment

Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Well Controlled  Not Well Controlled  Very Poorly Controlled

### Control Assessment

**Flu Shot**  Yes  No  N/A    **Allergy Testing**  In past  Done Today  Needs  N/A    **ETS Exposure**  No  Yes    **Management Plan Reviewed/Updated**  YES  NO

Provider (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Follow-up/Next Visit in \_\_\_\_\_ months with \_\_\_\_\_ (provider)



52556

OBCC ASTHMA VISIT PLANNER

PATIENT LABEL HERE