

**ASTHMA**

Date Diagnosed:	
Past/Present History:	
Family	
Previous Treatment:	
Allergy History:	

Physical Exam/ CXR:	Date:	Results:
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Patient Education:	Date	Education	Provider
		What is Asthma?	
		Signs & symptoms of	
		Review current use of inhalers with & without areochambers	
		Use of home peak flow	
		Criteria for premedicating to prevent onset of symptoms	
		Criteria for initiating treatment	
		Indications for emergency care	

Visit Date:														
Weight:														
Heart Rate:														
Spirometry FVC														
Spirometry FEV1														
Medications:														
1.														
2.														
3.														
Lab:	THEO													
	CBC													
	SMAC													
O2 SAT or pAO2														

<b>IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:</b>	
1. Name: (Last)	(First)
2. DOB:	3. A #
4. Nationality:	5. Facility: