Asthma Assessment Sheet

☐ **Initial visit** ☐ **Follow up visit**

Name: **DOB:** / / **MR#** **Date of Visit:** / /

History	*Yes*	*No*	
			Age at asthma diagnosis:
Smoker			**Asthma Sx. past 2 weeks** (check all that apply) ☐ Day ☐ Night ☐ Exercise
Second hand smoker			**Frequency of symptoms:** Daytime: Nocturnal:
Family hx. Of asthma			**Frequency of use of rescue medication** in past 2 weeks:
Carpeting at home			**Exacerbations** past two weeks: ☐ **No** (skip to next) ☐**Yes** ➡ how many:
Pets :			**Hospitalizations** for asthma: ☐No ☐Yes ➡ when / / where:
Seasonal symptoms			**ER visits** for asthma last six months: ☐ No ☐Yes ➡ date last visit / /
Perennial symptoms			**Pneumoccocal vaccine** ☐ No ☐Yes ➡ date / / **Flu vaccine** ☐ yes ☐ no
Sinusitis			**Peak Flow Meter:** ☐ No ☐ Yes ➡**Technique:** ☐adequate ☐ inadequate
GERD			**Triggers** ☐No ☐ **Yes:**
Allergic Rhinitis			**Spirometry** (rec: initially,after stabilization and Q1-2 yrs.): ☐ **No** ☐ **Yes** ➡ Date: / /

Complaints:____

____

ROS ☐ Dyspnea ☐ Cough ☐ Wheezing ☐URI symptoms ☐ Other________________

Weight:_____ **Height:**_____ **BMI:**_____ **BP:**_____/_____ **HR:**_____ **RR:**_____ **Peak Flow** (best of three):________

Pulse Ox:_______ **Head & Neck:** ☐ Normal ☐Abnormal:________________

General ☐Comfortable ☐ Distressed ☐ Uses 2°muscles of resp. **HEENT:** ☐Normal ☐ Abnormal____________

Lungs:☐**CTA** ☐ **Other:**________________________________

Heart: ☐**Normal** ☐ **Abnormal :**____________________________

Other:

Asthma Severity (check one)		**ASTHMA ACTION PLAN**
☐**Mild Intermittent**	Daytime Sx<2/week Nocturnal Sx.<2/month FEV1 and PEF>80% of predicted	Recommendation: No daily medication. Short acting bronchodilator as needed
☐**Mild Persistent**	Day time Sx >2/week but <1 day Nocturnal > 2/month. FEV1 &PEF > 80% of predicted	Rec: Low dose inhaled CTS daily or Leukotriene antagonist (LTA) or Cromolyn or Nedocromil Rescue treatment:
☐**Moderate Persistent**	Daily symptoms Nocturnal>1/week FEV1 & PEF <80% but >60% of predicted	Rec:Med. dose ICS or ICS+Long Acting bronchodilator or ICS+ LTA or ICS+Nedocromil Rescue treatment:
☐**Severe Persistent**	Continuous Sx. Frequent nocturnal Sx. FEV1 & PEF<60% Of predicted	Rec: High dose ICS+Long Acting Bronchodilator+ LTA/ May need oral steroids Rescue treatment:

Signature:________________________**Date:** ___/___/___ **RTC:**_________ **Referral:**__________

Notes