ASTHMA PROGRESS NOTE

RECORD NUMBER
OR STAMP AS PER
INDIVIDUAL FACILITY

NAME: **AGE:** **DATE:**

CURRENT HISTORY:

NOCTURNAL COUGH / WHEEZE _____ **EPISODES/MONTH**

SYMPTOMS WITH EXERCISE ☒ **YES** ☐ **NO**

AVG. RESCUE b-AGONIST USE _____ **PUFFS/WEEK**

E.R. VISIT DATES _____ _____ _____

HOSPITALIZATION DATES
(Since Last Visit) _____ _____ _____

CURRENT MEDICATIONS:

PHYSICAL EXAM **TEMP:**_____ **BP:**_____ **RR:**_____ **HR:**_____ **O2 SAT:**_____ **HT:**_____ **WT:**_____

	NORMAL	ABNORMAL	COMMENTS / OTHER:
HEENT			
TYMPANIC MEMBS			
NARES			
PARANASAL SINUSES			
OROPHARYNX			
CHEST			
AIR ENTRY			
WORK OF BREATHING			
WHEEZE			
CRACKLE			
STRIDOR			
OTHER			

ASSESSMENT	SEVERITY:	MILD INTERMITTENT ☒	MILD PERSISTENT ☒	MODERATE ☒	SEVERE ☒

OTHER:

PLAN:

Signature: