VITAL SIGNS FLOW SHEET

Patient's name: _____ Predicted peak flow: _____

DOB: _____ Height: _____

Medical record number: _____ Ideal weight: _____

Date	Nurse initials	Wt #	BP	P	R	T	Peak flow	Diagnosis, meds, notes	Dr. initials

AAFP FPM

FPM **Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

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