

ASTHMA ENCOUNTER FORM

Patient name: _____ Date: _____
History number: _____ Peak flow personal best: _____ Last spirometry: _____

Classification (circle appropriate category)

	1: Mild intermittent	2: Mild persistent	3: Moderate persistent	4: Severe persistent
Quick-acting medication	≤ 2 times/week	3 to 6 times/week	Daily	All the time
Night-time waking	≤ 2 times/month	3 to 4 times/month	≥ 5 times/month	Frequent
Symptoms interference	None unless with attack	Only with lots of activity	Only with moderate activity	With any activity
FEV1, PEF (% pred.)	≥ 80 percent	≥ 80 percent	> 60 percent, < 80 percent	≤ 60 percent

Type of visit: Acute / Follow-up / Educational Triggers: _____
BP: _____ Temp: _____ Social issues: _____
Ht/Wt: _____ O2 Sat: _____ Comorbidities: _____
Pulse: _____ RR: _____
Days with Sx (#/wk): _____ ED since last visit? Yes No Dates: _____
Current severity score: 1 2 3 4 Hospitalizations since last visit? Yes No Dates: _____
Bronchodilator: _____
Controller: _____ Other: _____
Peak flow: Pre: _____ Post: _____ Triggers this visit: _____
History: _____

Pertinent ROS: CV: _____ ENT: _____ Derm: _____ Other: _____
Physical exam: HNT: _____
CV: _____
Pulm: _____ Wheezes: _____
GI: _____ I:E _____
Other: _____

Treatment notes: _____ Spirometry: FEV1 _____ ; FVC: _____

Assessment: 1. Asthma _____
2. _____
3. _____
Plans: 1. _____
2. _____
3. _____

Education

Review / Update	Review / Update
Action plan/education: _____	Trigger avoidance/coping: _____
Smoke/environment: _____	Controller meds: _____
Peak flow: _____	What asthma is: _____
Use of MDI/spacer/neb: _____	Exercise: _____
Other: _____	School/work issues: _____
Planned follow-up: _____	MD/PA/NP: _____



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