



**HEALTHPLUS OF MICHIGAN
ASTHMA MONITOR FLOW SHEET**

Name _____ DOB _____ Gender _____ Yr. of Diagnosis _____
 Classification of Asthma: _____ Severe Persistent _____ Moderate Persistent _____ Mild Persistent _____ Intermittent

MEDICATIONS

START	END	MEDICATION AND DOSAGE	START	END	MEDICATION AND DOSAGE

HOSPITALIZATIONS/ER VISITS (Follow up visit recommended within 7 days)

HOSPITALIZATION ADMIT DATES	LOS	HOSPITALIZATION ADMIT DATES	LOS	EMERGENCY ROOM DATES OF SERVICE	EMERGENCY ROOM DATES OF SERVICE

EDUCATION/TESTS

MONITORS	DATE/VALUE	DATE/VALUE	DATE/VALUE	DATE/VALUE	DATE/VALUE
ASTHMA PROCESS EXPLAINED					
TRIGGERS IDENTIFIED AND EXPLAINED					
MEDICATION INFORMATION					
PEAK FLOW METER AND INSTRUCTIONS GIVEN					
GREEN/YELLOW/ RED ZONES IDENTIFIED AND EXPLAINED					
METER DOSE INHALER INSTRUCTIONS					

SPACER AND INSTRUCTIONS GIVEN					
WRITTEN ASTHMA PLAN					
FEV1, PEF OR PFT					