Annual ADULT ASTHMA PATIENT CARE FLOW SHEET
VISIT 1: INITIAL ASSESSMENT AND DIAGNOSIS

Patient Name: ____________ Date of Birth: ____________	Date: ____________ Height _____ Weight _____ BMI_____	Influenza Vaccination date (last 2 years): _______ & _______

DIAGNOSIS		
History	☐ History of atopic disorder ☐ Family history of asthma/atopic disorder ☐ Allergies	☐ Current smoker ☐ Former smoker ☐ Second-hand exposure to tobacco smoke
Exacerbation History	☐ Oral corticosteroid (date) __________ ☐ Hospitalization (date) __________	☐ ER visit (date) __________ ☐ ICU ever? ______ (date if known) __________
Current Symptoms *(last few days)*	☐ Wheeze ☐ Breathlessness ☐ Chest tightness ☐ Cough	Symptoms worse at night ☐ early morning ☐ Symptoms in response to exercise☐ allergens☐ cold air☐ Symptoms worsened after taking aspirin ☐ beta blockers☐
Comorbidities	☐ COPD ☐ Allergic rhinitis/sinusitis ☐ GERD ☐ Laryngeal dysfunction	☐ Sleep apnea ☐ Obesity ☐ Nasal Polyps ☐ Atopic dermatitis
Environmental Triggers	☐ Occupational sensitizers: __________ ☐ Cats ☐ Dogs ☐ Cigarette smoke ☐ Cockroaches ☐ Cold Air ☐ Dust ☐ Exercise	☐ House dust mites ☐ Infections (predominantly viral) ☐ Mould ☐ Pollens ☐ Rhinovirus ☐ Season: __________ ☐ Other: __________
Asthma Diagnosis Confirmed	☐ YES ☐ NO	**If yes, how was diagnosis confirmed:** ☐ Spirometry ☐ PEF improvement ☐ PEF variability ☐ Challenge test(s) ☐ Confirmed by specialist/other physician ☐ FENO

COMPLETE THE FOLLOWING SECTION IF DIAGNOSIS OF ASTHMA CONFIRMED

	Controllers (Daily)	*Combination / Long-acting Relievers (Daily use)*	*Quick Relievers (Rescue)*	*Controller / Reliever (Daily+rescue in single Inhaler)*
Medication Prescribed at this Visit	Inhaled: ☐ Alvesco MDI ☐ Arnuity DPI ☐ Asmanex DPI ☐ Flovent MDI ☐ Flovent Diskus ☐ Qvar MDI ☐ Pulmicort Turbuh ☐ Aermony BA-DPI ***Oral:*** ☐ Singulair ☐ Accolate ☐ Theophylline ***Immunotherapy*** ☐ SCIT ☐ SLIT	☐ Advair Diskus Dose: ______ ☐ Advair MDI Dose: ______ ☐ Breo Ellipta Dose: ______ ☐ Oxeze Turbuhaler ☐ Serevent Diskus ☐ Spiriva DPI/Respimat ☐ Symbicort Turbuhaler ☐ Zenhale MDI Dose: ______ ☐ Atectura DPI Dose: ______	☐ Airomir MDI ☐ Bricanyl Turbuhaler ☐ Combivent Respimat ☐ Oxeze Turbuhaler ☐ Ventolin Diskus ☐ Ventolin MDI ☐ Atrovent MDI ☐ Symbicort Turbuhaler ***Triple (ICS/LABA/LAMA)*** ☐ Enerzair DPI ☐ Trelegy 200 DPI	☐ Symbicort Turbuhaler ***Other Medications*** ☐ Nasal steroids __________ ☐ Prednisone (dose)______ ☐ Xolair (anti IgE) ☐ Anti IL 5 __________ ☐ Anti IL 4/13 ☐ Anti TSLP ☐ Other __________
	Dose:			

Written Action Plan Provided	☐ YES ☐ NO	Examples: *https://www.fpagc.com/tools-resources* or *https://lunghealth.ca/*
Pneumococcal Vaccination	☐ Pneumovax (date) __________ ☐ Prevnar 13 (date) __________ ☐ Prevnar 20 (date) __________ ☐ Vaxneuvance (date) __________	
Education Provided at this Visit	☐ Chronic nature of disease/adherence ☐ Inhaler technique ☐ Medications ☐ Vaccinations: ☐ Influenza ☐ Other	☐ Avoidance of triggers ☐ Smoking cessation
Referral(s)	☐ Certified asthma educator ☐ Asthma Education Program ☐ Allergist	☐ Pediatrician ☐ Respirologist ☐ For diagnostics__________
Follow-up	______ weeks	______ months Please book an actual follow up date!