Αl	le	ŗ	g	У	\	, 6	1		_
				str w					-
							•	1	

Name:	Physician:	Phone:
	Triyordani	1110116.

N	onth		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Cough																																
Severe)	Wheezing																																
5 =	or Chest Tightness																																
None to	Nasal Symptoms S = R = D =	stuffy runny drainage																															
) :sr	Interrupted Sleep																																
ptom	Exercise Related																																
Your Symptoms: (0	Reflux or Indigestion (GE	RD)																															
/our	Eyes (Itching, Redness, Sv	welling)																															
Rate	Skin Irritation																																
~	Anaphylaxis																																
,	Target Peak Flow Meter Reading	A.M.																															
PFM	Meter Reading Green: to	Noon																															
_ Q	Green: to Yellow: to Red: and below	P.M.																															
Yes"		ol today?																															
	Required an unplanned medical visit today?																																
	_														<u> </u>				<u> </u>								<u> </u>			$\overline{\Box}$			$\overline{\top}$
tions	2.																																
dicat	3.																																
Which Medications	4.																																
hich	5.																																
\$	6.																																

AsthmaTracker®

	Date	1	П	2	T	3		1	5	Т	6	Т	7	Т	8	9)	10	T	11	Т	12	Т	13	Т	14	T	15	1	16	1	7	18	3 T	19	Τ	20	2	1	22	2	23		24	2	5 T	26		27	2	8	29		30	1 3	31
(PEFR)	Time	AM	PM :	A S	A A	PM	AM	PM	AM	PZ :	AM	PM PM		A A	PR	AM	₽	AM	PR S	AK	PM A		PM A	2	PM A	2	A A	PR	AM	PM	AM	PR	AA	PM	A A	AM M	PM	AM	PM	AM	PM N	2	AM PM	PM	AM	PM :	AM	A A	Z	PΜ	PM	AM	AM AM	PM	PΑ	PM
出出		Щ	П		\blacksquare		П			П		\bot		\blacksquare		П	\Box				Ŧ		Ŧ	Ш	\top		\blacksquare		П			П		П		\bot		П	П		П		\perp			П		\perp		П	\Box		\blacksquare		П	\Box
		\vdash	+		Н		Н			Н		+		\blacksquare	+	\vdash	+				╫		╫	+	+		Н		Н	+		+		+		+			+I		\Box		+			Н		+		Н	+		\blacksquare		Н	+
	00		П									1									1		1									П							П							П		1			П					킈
ate	_00	Н	₩		+		Н			+		+		+		\vdash	₩				+		+	+	+		+		Н	+		+		₩		┿			+I		Н		+		Н	₩		+		₩	₩		+		₩	+
Ra		H	††		Н		Н			Н		\top		\blacksquare			+				$^{+}$		\dagger		\top		Н		Н	+				\Box		t			\forall				+			Н		+		H	\forall				Н	+
		П	\Box				П			П		\perp		П			Ш				\perp		\bot	П	\perp		П		П					\Box					\Box				\perp			П		\perp		П	\Box				П	\Box
Flow	_50	\vdash	+		\blacksquare		Н			+		+		\blacksquare		\vdash	+				╫		╁	+	+		\blacksquare		Н	+		+		+		╁			+		\Box		+			+		+		\vdash	+		+		\vdash	+
正			耳									丰									1		T	П	丰							П		▮		T			П				T			耳		1		П					\Box	耳
		\vdash	₩		\blacksquare		Н			+	+	+	++	Н	+	\vdash	+				╀	++	╀	++	+	\vdash	+		Н	+		+		+	++	╀		Н	+I		\Box		╀		\vdash	Н	+	╀		\vdash	+		+		Н	+
tory	00									\Box		\pm									†		\pm		\top									\Box					\pm							\Box		\dagger		\Box						± 1
at	_00	Н	Н		\bot		Н			Н		+		Н		Щ	\Box				+		+	\Box	+		\bot		Н	\perp		\Box		Н		+			+		Н		4			Н		4		\vdash	\perp		\bot		\vdash	\blacksquare
Expirat		\vdash	+		\blacksquare		Н			+		+		+		\vdash	+				╁		+	+	+		+		Н	+		+		+	++	╁			+I				╁			+		╁		\vdash	+		+		\vdash	+
g			Ⅱ									1					П						1		1							П							П							П		1			\Box					耳
ш Ш	_50	\vdash	₩	+	\blacksquare		Н			${oldsymbol{H}}$		+	++	\blacksquare	+	\vdash	+				╀		╀	++	+	++	Н		Н	+		+		+		╀		\blacksquare	+I		\vdash		╀		\vdash	Н		╀		\vdash	+		+		\vdash	+
			\forall							\Box		\top									十		$^{+}$		$^{+}$		T		Н			\Box		\Box		T			Н				+					T		\Box					Ħ	\forall
Peak			\Box							\Box		4			_		\Box				1		1	\Box	\perp		\blacksquare					\perp		\perp		-			\Box				\bot			Н		\bot			\Box				\Box	\Box
8	00	\vdash	+				\vdash			+		+	+	\blacksquare			+				╫		+	+	+		+		Н	+		+		+		╁			+				+			+		+		\vdash	+		+		\vdash	+
	_00																																																							

	Medication	Dose	When to take	How long does it last?	How medication works
Medications To be filled in by your physician or nurse educator.					
se edu					
SI					
ior ian o					
cat					
edi					
Σ y d n					
lled ii					
be fi					
2					

PEFR	Green:	to	Yellow:	to	Red:	and below
Unschedule	d Dr.'s or ER visi	ts/why:				
Questions, o	concerns and da	aily symptoms:				

2015