

Asthma Clinic Followup

Date			Chief Complaint or Reason For Visit											
Time			HPI											
ROS			Physical Exam				Asthma Symptom Frequency							
WNL	See HPI		<input type="checkbox"/> Checked box indicates findings are within normal limits				<input type="checkbox"/> 1+ days per week OR 1+ nights per month <input type="checkbox"/> 2+ days per week OR 2+ nights per month <input type="checkbox"/> Daily OR 2+ nights per week <input type="checkbox"/> Continual OR Frequent							
Constitutional	<input type="checkbox"/>	<input type="checkbox"/>	General				Vital signs	Temp	Pulse	BP	RR	Sats		
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alert											
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>	ENT			<input type="checkbox"/> Mucosa	<input type="checkbox"/> Dentition	<input type="checkbox"/> Oropharynx	Mallampati	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	
Resp	<input type="checkbox"/>	<input type="checkbox"/>	Neck			<input type="checkbox"/> Palpation	<input type="checkbox"/> Thyroid							
CV	<input type="checkbox"/>	<input type="checkbox"/>	Resp			<input type="checkbox"/> Auscultation	<input type="checkbox"/> Percussion	<input type="checkbox"/> Respiratory effort	<input type="checkbox"/> Palpation	<input type="checkbox"/> Chest wall				
GI	<input type="checkbox"/>	<input type="checkbox"/>	CV			<input type="checkbox"/> Clear S1 S2	<input type="checkbox"/> No murmur	<input type="checkbox"/> JVP	<input type="checkbox"/> No rub	<input type="checkbox"/> Peripheral pulses	<input type="checkbox"/> No peripheral edema			
GU	<input type="checkbox"/>	<input type="checkbox"/>	GI			<input type="checkbox"/> No palpable masses	<input type="checkbox"/> No hepatosplenomegaly	<input type="checkbox"/> Hepatojugular reflux						
Musc	<input type="checkbox"/>	<input type="checkbox"/>	Lymph			<input type="checkbox"/> No lymphadenopathy								
Skin/breasts	<input type="checkbox"/>	<input type="checkbox"/>	Musc			<input type="checkbox"/> Tone	<input type="checkbox"/> Gait							
Neuro	<input type="checkbox"/>	<input type="checkbox"/>	Extrem			<input type="checkbox"/> Digits without clubbing or cyanosis								
Endo	<input type="checkbox"/>	<input type="checkbox"/>	Skin			<input type="checkbox"/> No rashes, ecchymosis, nodules, ulcers								
Heme/lymph	<input type="checkbox"/>	<input type="checkbox"/>	Neuro			<input type="checkbox"/> Oriented (person, time, place)	<input type="checkbox"/> An							
Allergy/Immun	<input type="checkbox"/>	<input type="checkbox"/>	Impression and Plan									Tests to be ordered		
Psych	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Pulmonary Function Testing <input type="checkbox"/> Sleep study <input type="checkbox"/> CXR <input type="checkbox"/> Chest CT <input type="checkbox"/> with contrast <input type="checkbox"/> Echocardiogram with <input type="checkbox"/> Bubble study <input type="checkbox"/> PA pressures <input type="checkbox"/> Cardiopulmonary Stress Test <input type="checkbox"/> Pulmonary Rehabilitation <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Influenza vaccine <input type="checkbox"/> PPD Testing <input type="checkbox"/> Allergy skin testing <input type="checkbox"/> Labs		
History			Asthma Severity			Instruction & Education								
No changes	See HPI		<input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Mild persistent <input type="checkbox"/> Moderate persistent <input type="checkbox"/> Severe persistent			<input type="checkbox"/> Asthma action plan <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Peak flow meter use <input type="checkbox"/> Inhaler use <input type="checkbox"/> Importance of vaccinations <input type="checkbox"/> Medication side effects Follow Up Signature								
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Asthma Therapy											
PMSH	<input type="checkbox"/>	<input type="checkbox"/>	Current	New										
Social	<input type="checkbox"/>	<input type="checkbox"/>	Short-acting beta agonist "Rescue Agent"	<input type="checkbox"/>	<input type="checkbox"/>									
Family	<input type="checkbox"/>	<input type="checkbox"/>	Inhaled steroid	<input type="checkbox"/>	<input type="checkbox"/>									
			Long-acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>									
			Theophylline	<input type="checkbox"/>	<input type="checkbox"/>									
			Omalizumab	<input type="checkbox"/>	<input type="checkbox"/>									
			Oral steroids	<input type="checkbox"/>	<input type="checkbox"/>									
			Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>									
			Leukotriene inhibitor	<input type="checkbox"/>	<input type="checkbox"/>									
			Oral antihistamine	<input type="checkbox"/>	<input type="checkbox"/>									
			Intranasal steroids	<input type="checkbox"/>	<input type="checkbox"/>									
			Intranasal antihistamine	<input type="checkbox"/>	<input type="checkbox"/>									
			Smoking cessation aids	<input type="checkbox"/>	<input type="checkbox"/>									