



ABOUT MY ASTHMA

A GUIDE TO TALKING TO YOUR PROVIDER

Use this form to help you get organized when you talk to your medical provider.

APPOINTMENT INFORMATION

PROVIDER NAME: _____

DATE: _____

REASON FOR VISIT:

OTHER HEALTH CARE PROVIDERS I'M SEEING:

List provider name, phone number, and reason for seeing that provider. Attach more paper as needed.

Provider name	Phone	Reason for seeing this provider

PRESCRIBED AND OVER-THE-COUNTER MEDICINES AND SUPPLEMENTS:

List name, dose, and frequency. Attach more paper as needed.

Prescription name	Dose	Frequency

Pharmacy info:





SYMPTOMS AND NOTES

What symptoms have you been experiencing?	Frequency	What symptoms have you been experiencing?	Frequency
Coughing		Feeling nervous	
Chest tightness		Rapid heartbeat	
Wheezing		Head/nose stuffed up	
Unable to exercise		Restlessness	
Feeling tired		Fever	
Need to clear throat repeatedly		Stroking chin or throat	
Dry mouth		Using quick-relief inhaler	
Waking up at night		Other:	

Things I do to relieve my symptoms:

NEXT APPOINTMENT DATE:

Tests to schedule:

Other notes, concerns, or questions I have for my provider: