

SUBJECTIVE:

Here for Adult Asthma Clinic follow-up.  
|V CHIEF COMPLAINT|

HISTORY OF PRESENT ILLNESS:

Asthma Symptoms

Daytime Sx:

Nighttime Sx:

Interferes w/ normal activity:

SA Beta2-agonist:

Trigger Assessment:

Paint fumes: Yes	Cold air: Yes	Illness: Yes
Exercise: Yes	Perfume: Yes	Cleaners: Yes
Smog: Yes	Car Fumes: Yes	Smoking: Yes
Pets: Yes	Flowers: Yes	Trees: Yes
Grass: Yes	Emotions: Yes	

Home Environment

Roaches: Yes                      Mold: Yes  
Home heating source:

Time of year that is causes most asthma symptoms:

History of uranium exposure:

History of asthma related admissions:

History of intubations related to asthma:

REVIEW OF SYSTEMS:

Constitutional:

Denies: Fever, weight loss, chills, weakness, or trouble sleeping

Eyes:

Denies: Eye drainage, redness, pain, or vision change

Ears/Nose/Mouth/Throat:

Denies: Hearing loss, tinnitus, ear drainage, or pain  
Nasal bleeding, congestion, sinus pressure or discharge  
Mouth dryness, ulcers, toothache, or sore throat

Cardiovascular:

Denies: Chest pain, dyspnea, orthopnea, palpitations, or edema

Respiratory:

Denies: shortness of breath, cough, or wheezing

Gastrointestinal:

Denies: Abdominal pain, nausea, vomiting, diarrhea, or constipation

Genitourinary:

Denies: Any problems urinating, or any discharge

Musculoskeletal:

Denies: Stiffness, weakness, swelling, or pain

Skin/Breast:

Denies: Rash, bruising, itching, or lesions

Neurologic:

Denies: Headache, seizures, syncope, numbness, tremor, or tingling

Psychiatric:

Denies: Depression, nervousness, or mood swings

Endocrine:

Denies: Heat/cold intolerance, frequent urination, thirst, change in appetite

Hematologic:

Denies: Bleeding, bruising, lymphadenopathy

---

PMH: Reviewed and updated.  
|ACTIVE PROBLEMS W/O DATES|

---

CURRENT MEDICATION LIST:  
|ACTIVE MEDICATIONS|

---

FAMILY HISTORY:  
Family history of asthma:

SOCIAL:

Occupation:  
Lives with:  
Marital Status:  
Tobacco/drugs:  
Alcohol use:

---

OBJECTIVE:

|VITALS FOR TODAY|  
|LAST HT WITH DATE|  
|LAST WT WITH DATE|  
|BMI WITH CAPTION|  
BP:|BPXRM BP|  
PULSE:|LAST PULSE|

ALLERGIES REVIEWED:

|ALLERGIES/ADR|

EXAM

GENERAL: Alert & oriented x 3, Well-developed, well-nourished, and in no acute distress.

HEENT: External ear and TMs clear. Nasal mucosa normal. Pharynx without erythema, swelling, or exudate. No sinus tenderness on palpation

NECK: No lymphadenopathy. No masses noted. Supple with full ROM. Thyroid not enlarged.

RESPIRATORY: Clear to auscultation bilaterally. Normal respiratory effort.

HEART: Regular rate and rhythm. Normal S1 and S2. No murmurs or rubs or gallops.

EXTREMITIES: No edema, clubbing, cyanosis, ulcers, nor atrophy.

SKIN: No rashes, induration, or nodules.

Recent Labs:

|LAST LAB CHEM 7|  
|LAST LAB LFT|  
|LAST LAB LIPIDS|  
|LAST LAB MACRO/CREA|  
|LAST LAB TSH|  
|LAST LAB GLUCOSE|

---

ASSESSMENT:

|V POV MULTI-LINE|

Last Pulmonary Function Test:

---

PLAN:

Medications

After this visit Asthma Step is:

Referrals:

Follow up: RTC month(s)  
Follow-up prn increased symptoms