

Manage your Asthma: Peak Flow Tracker

Please use this form to record peak flow.



Patient Name: _____

Date of Birth: ____/____/____

Week of: ____/____/____	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Mild														
Moderate														
Severe														
Medication Possible Triggers														

Week of: ____/____/____	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Mild														
Moderate														
Severe														
Medication Possible Triggers														

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