

# 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														

  

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____/____/____	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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