

McLAREN FLINT
Flint, Michigan
PULMONARY REHABILITATION
ASTHMA EDUCATION

Date: _____

Dear Dr. _____ :

_____ was seen on _____ and
_____ in the Asthma Education Program.

In conversation with _____, we noted the following areas for improvement:

- General knowledge about asthma.
- Understanding usage and purpose of asthma medications as prescribed.
- Usage of a peak flowmeter and integration with their asthma Action Plan.
- Identifying early warning signs of an asthma episode.
- Reviewing common triggers of asthma and ways to avoid exposures.
- Correct administration of meter dose inhaler medications.
- The need for use of a holding chamber with all MDI administered medications.

_____ now appears to have a good understanding of _____ disease, medication usage, peak flow monitoring, and treatment plan.

We recommend that all medications delivered by MDI be used with a holding chamber. An optichamber and personal best peak flowmeter were issued to the patient.

Please find attached, the Patient Action Plan and current medications. We would welcome your comments or suggestions.

Thank you for your referral and support.

Pulmonary Rehabilitation
Asthma Education Program
G-3230 Beecher Road, Suite LL
Flint, MI 48532
(810) 342-5370



PT.

MR./P.M.

DR.