

Asthma Management Program

Date: [Insert Date]

Dear [Patient's Name],

As a part of our Asthma Management Program, we would like to ensure that you are effectively monitoring your symptoms. Please find below the guidelines for symptom monitoring:

Symptom Monitoring Checklist

- Record your daily symptoms including coughing, wheezing, shortness of breath, and chest tightness.
- Note any triggers that seem to exacerbate your symptoms, such as allergens, exercise, or weather changes.
- Document your medication usage, including any rescue inhalers or daily controller medications.
- Keep track of your peak flow readings, if applicable.

Reporting Your Symptoms

Please report your symptoms weekly either through our patient portal or during your scheduled follow-up appointments. Timely reporting can help us adjust your asthma management plan as needed.

Emergency Plan

In case of any severe symptoms or an asthma attack, please follow your asthma action plan and seek immediate medical attention if necessary.

If you have any questions or need further assistance, feel free to contact our office at [Phone Number] or [Email Address].

Thank you for your commitment to managing your asthma.

Sincerely,
[Your Name]
[Your Title]
[Healthcare Provider's Name]