

# Asthma Control Assessment

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are reaching out to provide you with an assessment of your asthma control based on your recent visit and the information you provided.

## Asthma Control Test Results

Your score on the asthma control test is: [Score].

## Assessment Summary

Your asthma appears to be: [Controlled/Partly Controlled/Uncontrolled].

## Recommended Actions

- Continue with your current medication regimen.
- Schedule a follow-up appointment in [number] weeks.
- Consider the following adjustments to your management plan: [List any recommendations].

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

[Provider's Name]

[Provider's Title]

[Clinic/Hospital Name]

[Contact Information]