

Collaborative Asthma Care Plan

Date: _____

To the Family of [Patient's Name],

We are committed to working together to manage [Patient's Name]'s asthma effectively. This collaborative care plan outlines responsibilities and strategies to involve your family in [his/her/their] asthma management.

Patient Information

Name: [Patient's Name]

Date of Birth: [Date of Birth]

Asthma Severity: [Mild/Moderate/Severe]

Goals

- Maintain control of asthma symptoms.
- Minimize hospital visits and emergencies.
- Ensure understanding and proper use of medications.

Family Responsibilities

- Monitor [Patient's Name]'s symptoms daily.
- Administer medications as prescribed.
- Ensure [his/her/their] environment is asthma-friendly.
- Communicate any concerns immediately.

Healthcare Provider Responsibilities

- Provide ongoing education and support.
- Review and update the asthma action plan regularly.
- Schedule routine check-ups.

Resources

For additional resources and support, please visit [insert website] or contact our office at [insert contact information].

Thank you for partnering with us in caring for [Patient's Name]. Together, we can achieve better asthma management.

Sincerely,

[Provider's Name]

[Provider's Title]

[Clinic/Hospital Name]

[Contact Information]