

# Chronic Disease Management Plan

## Patient Information

**Name:** [Patient Name]

**Date of Birth:** [Patient DOB]

**Contact Number:** [Patient Contact]

## Diagnosis

**Condition:** Asthma

**Diagnosis Date:** [Diagnosis Date]

## Goals of Management

- Control asthma symptoms.
- Minimize the use of rescue inhalers.
- Prevent asthma exacerbations.
- Enhance quality of life.

## Treatment Plan

### Medications

**Controller Medication:** [Medication Name and Dosage]

**Rescue Medication:** [Medication Name and Dosage]

### Self-Monitoring

Patient will monitor peak flow readings daily and record symptoms in an asthma diary.

## Education and Support

Patient will receive education on asthma triggers, inhaler technique, and action plan.

## Follow-Up

Next appointment scheduled for [Next Appointment Date].

# Physician Information

**Physician Name:** [Physician Name]

**Practice Name:** [Practice Name]

**Contact Number:** [Practice Contact]

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Physician Signature