

OSU Asthma Patient Care Center

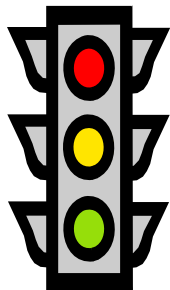
Peak Flow Record for:



Date														
Time														
Peak Flow Readings														

Date														
Time														
Peak Flow Readings														

Date														
Time														
Peak Flow Readings														



Follow Your Action Plan!

Red Zone below _____

Yellow Zone _____ to _____

Green zone _____ to _____

Notes / Action Taken:

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Peak Flow Record for:



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