

# OSU Asthma Patient Care Center

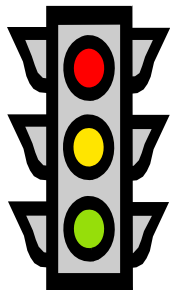
## Peak Flow Record for:



|                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Peak Flow Readings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Peak Flow Readings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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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