



Monthly PCP Chart Audit

Provider _____ Location _____

Date of Chart Review _____ Patient: DOB _____ Age _____ Gender: M F

Ethnicity: African –American Asian Caucasian Other Latino? Y or N

Hospitalizations in last month _____ # ED visits in last month _____

Sick visits for asthma in past month _____ Date of influenza vaccine _____

Date of varicella vaccine _____ Date of last PPD _____

SEVERITY CLASSIFICATION

- Mild Intermittent Mild Persistent
 Moderate Persistent Severe Persistent

MEDICATIONS

PREVENTIVE	Date Prescribed	Dose/Frequency
Inhaled Steroid		
Sameterol/ICS		
Leukotriene modifier		
Cromolyn		
Theophylline		
RESCUE	Date Prescribed	Dose/Frequency
Oral Steroid		
Inhaled bronchodilator _____		
Delivery Method: <input type="checkbox"/> MDI <input type="checkbox"/> Nebulizer		

	This Visit	Last 6 mos.	No
Spacer prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirometry ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirometry on chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma Action Plan on chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peak Flow Meter Prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Education Documentation</u>			
	This Visit	Last 6 mos.	No
Asthma definition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhaler technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spacer technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peak flow meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral to CAPP

	Date Referred
Asthma Classes	
Home Visitor Program	