DASHBOARD

Home

Profile

Schedule

Messages

MEDICAL

Health Record

Instructions

Treatment Plan

Welcome, [Patient's Name]

Medications (#)

Medication Name
⋮

Date Issued/Last Refill: ...

Medication Name
⋮

Date Issued/Last Refill: ...

Current Condtions

Status Level
⋮

Type of Asthma

Recent Activity

DASHBOARD

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MEDICAL

- Health Record
- Instructions
- Treatment Plan
- ---

Asthma Action Plan

Name		Date of Birth	Medical Record #
Doctor	Parent/Guardian (if applicable)		Emergency Contact
Phone	Phone		Phone

CURRENT MEDICINES	HOW MUCH TO TAKE	HOW OFTEN	INSTRUCTIONS
		___ times per day	
		___ times per day	
		___ times per day	

RED means **I FEEL AWFUL ...**

YELLOW means **I DO NOT FEEL GOOD ...**

GREEN MEANS **I DO FEEL GOOD ...**

GREEN ZONE

-INPUT DIRECTIONS/MEDICINE-

YELLOW ZONE

-INPUT DIRECTIONS/MEDICINE-

RED ZONE

-INPUT DIRECTIONS/MEDICINE-