

# Pharmacist's Asthma Report

Insert your pharmacy's logo here

Provider's Name  Fax #  Date

Patient's Name  DOB

Patient's current asthma controller medications

I have noticed excessive refills of this quick-relief medication   at a rate of  refills per 90 days.

Patient's other relevant medications

## Pharmacist's Recommendations:

- When evaluated by a pharmacist, the patient demonstrated improper inhaler technique which may have contributed to excessive SABA use. After consultation, the patient demonstrated proper device technique. You may wish to re-evaluate at next visit.
- Based on refill history, the patient's adherence to prescribed controller therapy is suboptimal. The pharmacist discussed the importance of using controller medications daily and only using rescue medication when needed. You may wish to reinforce these messages at next visit.
- Based on SABA fills/apparent control level, you may wish to consider a step up in therapy based on the most recent national asthma guidelines: [GetAsthmaHelp.org/guidelines](http://GetAsthmaHelp.org/guidelines)
- Patient was not available at the pharmacy to discuss proper asthma medication and device use. Please review with patient at next visit.

Comments

## Patient's Asthma Control Information: (if available)

	Short-Acting Beta-Agonist Use	Asthma Control Test™ Score
Well Controlled ⇒	<input type="checkbox"/> 2 days per week or less	<input type="checkbox"/> 20 or more
Not Well Controlled ⇒	<input type="checkbox"/> More than 2 days per week	<input type="checkbox"/> 16-19
Very Poorly Controlled ⇒	<input type="checkbox"/> Several times per day	<input type="checkbox"/> 15 or less

\*Control assessment based on NHLBI Expert Panel Report 3, Asthma Guidelines (2007)

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Pharmacist's signature:  Insert e-sig or print/sign