KAISER PERMANENTE

One Month Asthma Peak Flow Calendar

Month: _____Patient_____Medical Record Number_____

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Peak Flow	Cough or Wheeze?	Peak Flow	Cough or Wheeze?	Peak Flow	Cough or Wheeze?	Peak Flow	Cough or Wheeze?	Peak Flow	Cough or Wheeze?	Peak Flow	Cough or Wheeze?	Peak Flow	Cough or Wheeze?