Patient Information	For All Your Asthma Heath Care Needs	Personal Pocket Medication Card

Name: _____

Phone: _____

Allergies: _____

_____

Physicians:
Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Pharmacy: _____

Phone: _____

Provider Information

For more information about Asthma please visit:
www.aafa.org
www.americanasthmafoundation.org

Asthma Medication Reminder Card

Provided By

THE UNIVERSITY OF ARIZONA
PEDIATRIC PULMONARY CENTER

www.uappc.peds.arizona.edu

Medication Record Drug Name	Med Strength	Number or Dose	Times A Day	Nebulizer Puff or Pill	Start Date	End Date
☐ Advair®	___ mcg					
☐ Albuterol	___ mg					
☐ Flovent®	___ mcg					
☐ Singulair®	___ mg					
☐ Prednisone	___ mg					
Additional Meds Below:						