IMPORTANT NAMES AND NUMBERS

SERVICE

Primary Care Physician (PCP)
Name: __________________________ Phone Number: __________________________

Lung Doctor (Pulmonologist)
Name: __________________________ Phone Number: __________________________

Emergency Contact Person
Name: __________________________ Phone Number: __________________________

Hospital
Name: __________________________ Phone Number: __________________________

Pharmacy
Name: __________________________ Phone Number: __________________________

Respiratory Therapist
Name: __________________________ Phone Number: __________________________

Dietitian
Name: __________________________ Phone Number: __________________________

Other People to Contact
Name: __________________________ Phone Number: __________________________

Job or Relationship: __________________________

Other: __________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a prescription for a “Rescue Medication?”</td>
<td></td>
<td></td>
<td>Did your doctor instruct you on how and when to use your “Rescue Medication?”</td>
<td>Yes</td>
<td></td>
<td>When you use your “Rescue Medication,” do you use the following?</td>
</tr>
<tr>
<td>Do you have a prescription for a “Daily Use” maintenance medication?</td>
<td>Yes</td>
<td></td>
<td>Were you instructed to take your daily “maintenance” medicines every day by your doctor?</td>
<td>Yes</td>
<td></td>
<td>Do you take your daily “maintenance” medicines every day?</td>
</tr>
<tr>
<td>Do you take other medicines for COPD such as Oral Steroids, Antibiotics?</td>
<td>Yes</td>
<td></td>
<td>Were you instructed by your physician when to take these medicines?</td>
<td>Yes</td>
<td></td>
<td>Do you discuss these medicines with your doctor at each visit to make sure you know when to use them?</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
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### January

**Symptoms**
- [ ] Shortness of breath
- [ ] Cough
- [ ] Producing sputum (phlegm)
- [ ] Wheezing
- [ ] Tightness in chest
- [ ] Weight loss
- [ ] Feeling sad or depressed

**Irritants or Things That Made Symptoms Worse**
- [ ] Respiratory infections
- [ ] Exercise
- [ ] Changes in the weather
- [ ] Indoor or outdoor air pollution
- [ ] Exposure to cigarette or other smoke
- [ ] Exposure to things that cause allergies
- [ ] Chemicals or other irritants at work
- [ ] Worry or stress
- [ ] Other/something else

**Types of Medicines Used This Month**
- [ ] Rescue medicine
- [ ] Maintenance medicine

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**Symptoms**
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