



True Friends
 10509 108th St NW
 Annandale, MN 55302
 Tel: 952.852.0101
registration@truefriends.org
www.truefriends.org

Office Use Only
 Session _____
 Cabin _____
 Cabin Copy _____
 Nurse Copy _____

Respiratory/Asthma Action Plan & Participant Questionnaire

To avoid service interruptions, we require this form to be on file before attending any True Friends program.

Name: _____

Date of Birth: _____ Dates Plan in Effect: _____

Emergency Contact: _____

Home #: _____ Cell#: _____

Treating Physician: _____

Phone #: _____

Signature of Treating Physician: _____

Personal Best Peak Flow: _____

The colors of the traffic light will help you use your asthma medications and notify staff of how to support you in the event of an occurrence.



Green means Go Zone!
 Use preventative medicine.



Yellow means Caution Zone!
 Add quick-relief medicine.



Red means Danger Zone!
 Get help from a doctor.

Green Zone Action Plan

Peak Flow from _____ to _____

You have *all* of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Medicine	How Much	How Often/When

Yellow Zone Action Plan

Peak Flow from _____ to _____

You have *any* of these:

- First signs of a cold
- Exposure to unknown trigger
- Cough/Mild wheeze
- Tight chest
- Coughing at night

Medicine	How Much	How Often/When

Red Zone Action Plan

Peak Flow from _____ to _____

If your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Trouble speaking
- Ribs showing (in children)

Medicine	How Much	How Often/When