VITAL SIGNS FLOW SHEET

Patient's name:	Predicted peak flow:			
DOB:	Height:			
Medical record number:	ldeal weight:			

Date	Nurse initials	Wt#	ВР	P	R	т	Peak flow	Diagnosis, meds, notes	Dr. initials



 $\textit{FPM Toolbox} \ \ \text{To find more practice resources, visit https://www.aafp.org/fpm/toolbox.}$

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