

**RICHARD R. ROSENTHAL, M.D., LTD.**

Adult and Pediatric Allergic Disease, Asthma and Immunology

Diplomates: American Board of Allergy and Clinical Immunology

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PATIENT NAME: \_\_\_\_\_

In order to monitor your breathing you have been prescribed a peak flow meter. Please take peak flow readings twice a day. Take three readings in the morning and three readings in the evening and write down all the values below. Please circle the highest morning value and the highest evening value for each day. Use the peak flow meter for a two week period of time and bring this record with you to your next appointment. This peak flow diary will become a permanent part of your chart. Please make sure to write your name on the top.

STARTING DATE: \_\_\_\_\_

**DAY 1-PEAK FLOW VALUES**

AM-

PM-

**DAY 2-PEAK FLOW VALUES**

AM-

PM-

**DAY 3-PEAK FLOW VALUES**

AM-

PM-

**DAY 4-PEAK FLOW VALUES**

AM-

PM-

**DAY 5-PEAK FLOW VALUES**

AM-

PM-

**DAY 6-PEAK FLOW VALUES**

AM-

PM-

**DAY 7-PEAK FLOW VALUES**

AM-

PM-

**DAY 8-PEAK FLOW VALUES**

AM-

PM-

**DAY 9-PEAK FLOW VALUES**

AM-

PM-

**DAY 10-PEAK FLOW VALUES**

AM-

PM-

**DAY 11-PEAK FLOW VALUES**

AM-

PM-

**DAY 12-PEAK FLOW VALUES**

AM-

PM-

**DAY 13-PEAK FLOW VALUES**

AM-

PM-

**DAY 14-PEAK FLOW VALUES**

AM-

PM-