

Enhanced Access Community Pharmacy Pilot

Improved Asthma Symptom Control Program Lifestyle Prescription

Patient details			
Name:		Date of birth:	
Patient support person and/or caregiver:		Name, relationship and phone number of someone who assists the patient with their home care)	
Program pharmacy details			
Pharmacist name:		Phone number:	
Pharmacy name and address:		Opening hours:	
Next Asthma Program appointment:			
Date of enrolment in the Asthma Program:			
My current FEV1:	Date:	Date of last vaccinations: (list all applicable)	
Current level of symptom control (including Asthma Control Test (ACT) or Asthma Control Questionnaire-5 (ACQ5) score if known):	Date:	Date next vaccinations are due: (list all applicable)	
Healthcare team			
General practitioner and clinic:	Name, address and phone number	Closest 24-hour emergency services:	Name, address and phone number
Dietitian:	Name, address and phone number	Physiotherapist:	Name, address and phone number
Other services:			

Lifestyle prescription	
My risk factors and triggers	List identified risk factors, and triggers and strategies to minimise and avoid exposure
Physical activity	- Enter recommendations for physical activity for the patient's age and capability based on the national guidelines: - Informal exercise e.g. building exercise into everyday activities - Formal exercise e.g. walking (moderate intensity) for 30 minutes, 5 days of the week, strength building 2 days per week - Individualised guidance for building up to recommendations - If required: Referral to a GP, exercise physiologist, physiotherapist, or other supports for safe exercise
Weight management, and diet and nutrition	- Recommendation for weight loss or gain (if applicable) - Summary of nutritional advice for a balanced diet - more of/ increase... - less of/ limit... - Referral to pilot overweight and obesity management program and/ or other supports e.g. dietitian
Other management strategies	- If required: Smoking cessation - Refer to pilot smoking cessation program and/or other supports e.g. Quitline or GP - If required: Referral to a GP, psychologist, or other clinician for mental health support - If required: Summary of advice regarding alcohol consumption