

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Dear [Insert Patient Name/Parent Name],

Thank you for participating in our telehealth consultation on [Insert Date] to review your Asthma Action Plan.

Attached to this message, you will find your updated Asthma Action Plan. This document outlines your daily controller medications, how to handle worsening symptoms, and when to seek emergency medical care. Please print a copy and keep it in a visible location.

Key points discussed during our visit:

- **Green Zone (Doing Well):** Use [Insert Medication Name] daily as prescribed.
- **Yellow Zone (Caution):** Start [Insert Rescue Medication Name] if you experience coughing, wheezing, or chest tightness.
- **Red Zone (Medical Alert):** Seek immediate medical attention or call 911 if symptoms do not improve or if you have severe difficulty breathing.

We also reviewed your inhaler technique. Please continue to use your [Spacer/Valved Holding Chamber] to ensure the medication reaches your lungs effectively.

Your next follow-up appointment is scheduled for [Insert Date/Time] via [Telehealth Platform]. If you have any questions or if your symptoms change before then, please contact our office at [Insert Phone Number].

Sincerely,

[Provider Name]

[Clinic/Practice Name]

[Contact Information]