

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Patient Name],

This letter is a follow-up to your recent asthma review on [Date of Appointment].

Inhaler Technique Review:

During your visit, we reviewed your technique for your [Name of Inhaler, e.g., Ventolin/Seretide] inhaler. You demonstrated a [Good/Improving/Needs Work] technique. Please remember to:

- [Key Point 1: e.g., Use a spacer for better delivery]
- [Key Point 2: e.g., Rinse your mouth after using your preventer]
- [Key Point 3: e.g., Exhale fully before inhalation]

Asthma Action Plan:

We have updated your Personalized Asthma Action Plan. This document provides clear instructions on:

- Your daily preventative medication routine.
- What to do when your symptoms worsen (Yellow Zone).
- Emergency steps to take during an asthma attack (Red Zone).

Please keep a copy of this plan on your phone or in a visible place at home.

Next Steps:

It is important to continue using your preventer inhaler every day, even when you feel well. If you find you are using your reliever inhaler (blue) more than three times a week, please contact the clinic.

Your next routine review is scheduled for [Date/Time]. If you have any questions before then, please call us at [Phone Number].

Sincerely,

[Healthcare Professional Name]

[Title/Department]

[Clinic Name]