

Date: [Insert Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

To Whom It May Concern,

This letter serves as a formal record of the ongoing clinical management for the above-named patient regarding their diagnosis of asthma.

Current Assessment:

The patient's asthma is currently classified as [Intermittent / Mild Persistent / Moderate Persistent / Severe Persistent]. Their symptoms are currently [Well-controlled / Partly controlled / Uncontrolled].

Medication Regimen:

- **Controller Medication:** [Name and Dosage] - [Frequency]
- **Reliever Medication:** [Name and Dosage] - As needed for shortness of breath
- **Other Treatments:** [Add any additional therapies]

Management Plan:

The patient has been provided with an updated Asthma Action Plan. They have been instructed on correct inhaler technique and trigger avoidance. Regular follow-up appointments are scheduled every [Number] months to monitor lung function via [Spirometry/Peak Flow] and to adjust therapy as required.

Recent Clinical Findings:

[Insert brief notes on recent peak flow readings, exacerbations, or hospitalizations if applicable].

If you require further clinical information regarding this patient's respiratory care, please contact our office.

Sincerely,

[Doctor's Signature]

[Doctor's Name, Qualifications]

[Clinic/Hospital Name]

[Contact Information]