

Oklahoma Allergy and Asthma Clinic
 Peak Flow Record



Name: _____

Week Of: _____

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	Medication		Medication		Medication		Medication		Medication		Medication		Medication	
500														
400														
300														
200														
100														
0														