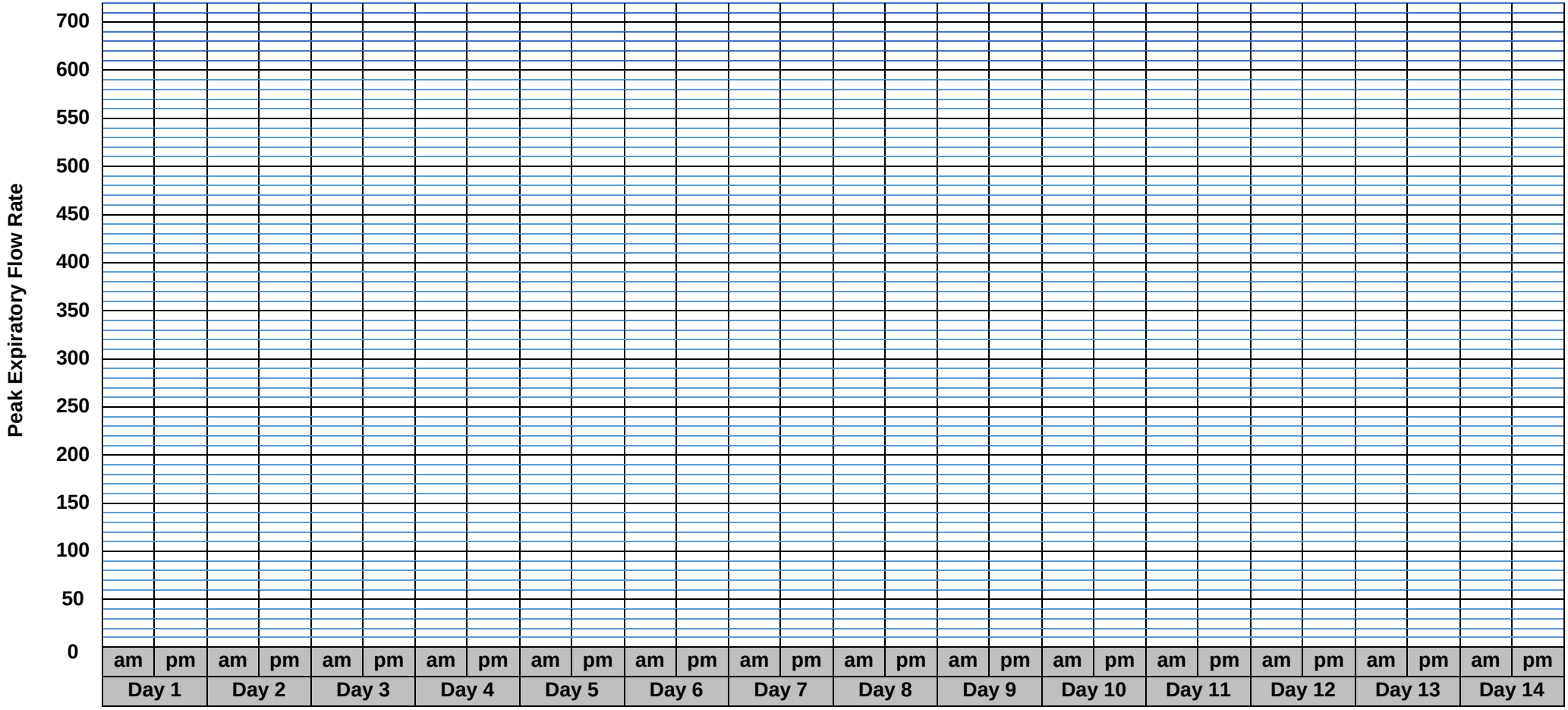
Three Chequers Medical Practice

Full Name :_____

Date of birth :_____

My Peak Expiratory Flow Rate Diary

Date:

Do 3 Peak flow measurements in the morning and record the highest. Repeat in the afternoon.