Name:
Date:
Physician:

ACC HF stage □**A** high risk □**B** Asymp □**C** Symp □ **D** EndStage
NYHA Class □ I □ II □ III □ IV
Symptoms: none w ordinary activity w less than ordinary at rest/minimal
EF ___ ____% Date_____
□ Systolic dysfunction □ Diastolic dysfunction □ Valvular
Likely Etiology: □ ischemic □ HTN □ other _____

Chief Complaint: _____

Wt: _____ change?_____ time interval_____
BP sitting _____ standing_____
Smoking status _____ packs per day _____
Sleeping:(Check one) □ Well □ Fair □ Poor
Snoring: □ Yes □ No
Pneumovax given? □ Yes □No Date_____
Flu shot? □ Not due or already given
□ Due Given _____

Symptoms and Physical Findings
□ Dyspnea _____
□ Paroxysmal nocturnal dyspnea □ Orthopnea
□ Cough □ Palpitations □ Chest pain
_____
□ Abdominal complaints _____
□ Cardiac rhythm_____JVP_____
Lungs □ Rales _____
Other □ Ascites □ Distal edema _____

Comorbidities: □ Diabetes □ Hyperlipidemia □ Hypertension □ Atrial fibrillation □ Renal Insuff

Drugs: ACC Class I for LVSD	**Drug**	**Dose**	**Frequency**	**If not, why?**
ACE Inhibitor				
HF Beta Blocker (bisoprolol, carvedilol)				
Warfarin for A fib				

Other medications	**Drug**	**Dose**	**Frequency**
Diuretic(s)			
Sliding Scale diuretic			
Spironolactone			
ARB			
Aspirin			
Statin			
Other			
Other			
Other			
Other			

Medications Changed? _____

Notes

Plan (Check all that apply)
□ Echo _____ □ B-type NP_____
□ Lytes/Creat _____ □ CBC _____
INR _____
_____
_____ :
□ Noninvasive myocardial imaging
Next appointment ____ □ **weeks/** □ **mos.**

Heart Failure Education
□ General □ Daily weights □ Smoking cessation □ Medications □ Diet _____ □ Activity
Activity recommendation _____

Self Management Goal: _____

(Patient to set goal at the end of each visit)
Other instructions _____
_____

Physician signature _____**Date** _____