

Attn: **Cardiovascular / Heart Failure Coordinator****Patient Education – Transitions of Care Summary**

Please check all that apply, complete and sign form, detach this page from booklet, apply patient label and place completed form in patient's chart for scanning into the EMR:

- Patient has been given a "Heart Failure Information & Resources" booklet.
- Patient was informed of the cause (Precipitant) of his/her Heart Failure.
- Patient has been shown and verbalized understanding of how to use the "Heart Failure Daily Management Self-Evaluation Checklist" tool (located in the Heart Failure Information Resources booklet).
- Patient has been instructed to weigh him/herself daily, and to be aware that any weight gain of 2 pounds overnight or 5 pounds over 5 days is a warning sign of fluid retention, and to call his/her doctor for further instructions in the event such weight gain is noted.
- The patient has been given instructions how to access the website www.HeartFailureResources.com
- Follow up physician appointment(s) have been made.

Nurse Print Name: _____

Nurse Signature: _____ Date: ____/____/____

I have received the Bayfront Health Seven Rivers "Heart Failure Information and Resources" booklet.

Patient /Patient Representative: _____ Date: ____/____/____

Fax copy to Cardiovascular Coordinator at x 8378
-or email to: wayne.ruppert@bayfronthhealth.com

Place Patient
Label Here